Clinical Lecture

ON A

CASE OF VARICOSE VEINS TREATED BY A NEW OPERATION.

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GENTLEMEN,—I wish to direct your attention to a case of varicose veins lately in Ward 2; and, as I performed what is in some respects a novel operation for its cure, I shall to-day address you more particularly on the subject of the treatment of this affection, leaving the full consideration of its etiology and pathology for another occasion. I will first read an abstract of the notes of the case:—

G. L——, aged thirty-eight, admitted Nov. 13th, 1874, was until a few years ago a farm labourer, but has since been a plate-layer on a railway. His family history is good, and he has been a strong and healthy man himself, having occasionally had rheumatism about the shoulders, and syphilis ten years ago. When sixteen years old he noticed that the saphena vein on the inner side of the left knee was enlarged, and, very soon after, it became so from the saphenous opening down to the inner malleolus. It has not increased in size for several years; but the vein of the right leg early became enlarged also. When twenty years of age he suffered from external piles; these never bled. He has never had varicocele. The internal saphenous veins are now extremely varicose in both limbs. On the left side, below the knee, the vein is very large and tortuous; the part above the knee is straight, and at the saphenous opening it forms a soft bulging tumour. On the right leg the disease is similar, but less marked. There is an enlarged gland in the left groin; the glands in the right groin are shotty. No tumour can be felt in the abdomen. The liver apparently is neither enlarged nor indurated; but he has drunk a good deal of beer. On both legs below the knee, and on the left thigh, is a papular rash—lichen pilaris. He suffers from constant pain in both legs, and is quite unequal to his customary work.

Operation, Nov. 14th.—After standing for half an hour with a carbolised cloth round the left leg, the patient was put under chloroform, and I then marked on the skin with ink the course of the tortuous vein below the left knee for about nine inches. At each end of this mark I ligatured the vein by means of a pin passed under the vein, with a piece of bougie and a figure-of-8 suture over the vein; two other similar ligatures were placed above the upper one at distances of two inches apart, and a fifth ligature was placed two inches below the lower one. The pins, bougie, and threads had all been previously carbolised. Esmarch's elastic bandage was then applied to the whole limb, with the effect of completely emptying the varicose vein, even in the intervals between the several pins. I then made a straight incision through the skin from the top to the bottom of my tortuous ink-mark, and, with a director and knife, slit up the vein along the whole of the exposed portion. As the vein then formed a very large, irregular, folded mass at the bottom of the wound, I passed a ligature round it above and below, and *removed it entirely* with forceps and scissors, cutting through two large veins opening into it. A strip of carbolised gauze was then placed in the wound, and the limb put up in the complete antiseptic dressing. The operation was done under the carbolised spray. I may here observe that there was *no bleeding whatever* during the operation.

Nov. 15th.—Leg feels stiff; dressings not disturbed. Temperature 99·2°.

16th.—No pain. Temperature 99·6; pulse 68.

17th.—Temperature 98·6°; pulse 68. Dressings removed for the first time; no evidence of hæmorrhage in these. Wound partly covered with lymph; a red blush extends for two inches round it. No redness round the pins; some redness between the upper two pins. The unremoved parts of the vein are filled with clot.

19th.—Wound looks well. No redness; no pus. The openings of the two veins which led into the part of the vein removed are seen to be filled with dark clots. Temperature 98°.

24th.—Dressed again; very little pus. The clots in the mouths of the veins are still seen in the wound. Temperature 98·4°.

Dec. 1st.—Dressing removed; wound is contracting up. Dressed with boracic-acid lint, the strict antiseptic dressing being discontinued. The two lowest pins and the highest pin but one removed.

8th.—The other pins removed. The clots in the two veins in the wound have come away softened. Feels poorly; has pain across the brow. Temperature 102°; pulse 80.

9th.—As there was considerable tension in the vein below the position of the highest pin it was divided subcutaneously. Wound looks healthy. Temperature 102·4°; pulse 96.

10th.—There is a slight blush about the knee and extending down the leg, and some swelling where the vein was incised.

11th.—There is a distinct *erysipelatous blush* all along the inner part of the thigh and leg; the inguinal glands are enlarged; tongue brown and dry. The part of the vein between the seat of the two upper pins forms a broad, brawny swelling, and bloody puriform fluid escapes from the opening made into the vein.

21st.—The wound has almost entirely cicatrised. Where the vein was divided there has been free suppuration, and two incisions, each of them an inch long, have been made alongside the vein. All is now going on well.

26th.—Lower wound quite healed.

Jan. 5th, 1875.—Patient discharged from the hospital, the diseased vein being satisfactorily obliterated above and below the part that has been removed.

Remarks.—Now the original cause of this man's varicose veins must no doubt be looked for in some mechanical hindrance to the circulation, some impediment to the return of the blood from the lower limbs, dependent on laborious work in the upright posture. Neither the syphilis nor the rheumatism can be held responsible for the local affection, for this began at an early age, before he had been affected by either disease; nor is it understood that syphilis in any direct way predisposes to varicosity of the veins; nor does rheumatism, except by affecting the heart. At the same time all impairment of the general health must lessen the force of the circulation and weaken the coats of the veins.

As a rule, the veins of the leg gradually enlarge upwards from a little above the ankle; but here they are said to have become dilated almost simultaneously from groin to ankle, pointing apparently to some cause of embarrassment to the circulation acting from above downwards. Notice, however, in this case, what is so frequently observed, the great bulging of the saphenous vein just before it entered the saphenous opening—a condition so constant as to have suggested to Mr. Herapath that narrowing of this opening was the cause of the disease, and he accordingly enlarged it for the cure. This idea has, however, been long exploded, for the deep veins of the limb, which have no relation to this aperture, are also liable to become varicose. Nevertheless, when the upper part of the saphena vein has already become enlarged, its unusual dilatation in this position may be explained by the then increased pressure on its sides caused by the margin of the saphenous opening.

Not attempting here to discuss the *pathology* of this affection fully, I will merely state that, the primary cause being held to be some mechanical impediment to the return of the venous blood, it happens that if this acts temporarily with healthy veins, the effects are only temporary, as is so frequently exemplified in the varicose condition of the veins which is produced during pregnancy, and entirely and rapidly disappears after parturition. But if the cause act continuously, or if the veins themselves become weakened or their valves disorganised, then the over-distension becomes *confirmed*. There next occurs a further diminution of elasticity and contractility in the venous coats (even though these become thickened) owing to the proper tissues becoming gradually atrophied, and being, as it were, replaced by a dense connective tissue. The valves also become incompetent, stretched out, or destroyed; and so the

weight of the whole column of blood acts on the whole vein, which then becomes permanently enlarged and elongated.

Turning now to the *treatment* of varicose veins, it must be said, first of all, that cases in which there is no constant or severe pain, no ulceration or hæmorrhage, or no impediment to the performance of the ordinary duties of life, are to be dealt with by friction, position, cold, and bandages. But more severe cases, such as the one here described, may be treated by various operations, the more recently suggested ones all having for their object the *closure of the diseased veins*. This is by no means easy to accomplish; for, fortunately, as regards the well-being of the economy, the lining membrane of veins does not readily undergo the adhesive inflammation. Moreover, at best the cure is temporary, as some of the neighbouring or anastomosing veins take on the varicose state after a certain time. But as such operations afford relief for months, and in some cases for years, the temporary character of this relief is no absolute bar to their performance. Now, a vein is best obliterated, not by pressing the sides against each other, for its internal surface, as just said, is not prone to adhere, but by stopping the circulation through it, which renders it useless to, or unemployed in, the economy; so that, in accordance with the general rule as regards useless or unused parts, it shrinks and disappears. But in addition to such changes, which occur naturally in the closure of the umbilical vein and ductus venosus, for example, most operations for the cure of varicose veins intentionally promote the formation of a *clot* in their interior, which clot, adhering to their walls and slowly contracting, first draws the sides of the veins together, and afterwards becoming the seat of organisation undergoes further contraction and ultimate absorption, the veins themselves being then closed, and finally reduced to mere cords. Various processes accordingly contribute to this end.

In considering the numerous operations that have been proposed for varicose veins of the lower limbs, we find that some, relying on the adhesive process only—as, for example, simple long-continued pressure—are inefficient; others, such as the method by cautery or caustics, which produce sloughs, are tedious; whilst many, such as those by excision, incision, seton, galvano-puncture, or injections, are dangerous to life. The dangers lie not so much in the possible occurrence of local phlebitis and periphlebitis, as in the possible formation of soft or unhealthy or imperfect clots, which, with or without accompanying suppuration, may loosen, break down, and originate emboli, or set up septicæmia or pyæmia. This danger is so serious as to cause considerable anxiety in the mind of the surgeon who has to deal with a case of varicose veins requiring operation. The injection of tannic acid or of perchloride of iron into the vein is especially dangerous, and so also are the galvano-puncture, and the passage of hairs, threads, or wires across the vein, as the clots thus formed are partial, and liable to be detached; galvano-puncture is, moreover, very painful. Caustics and the actual cautery are not now employed, as the destruction of the skin necessary is quite useless, greatly prolongs the period of treatment, and certainly does not lessen the chances of septicæmia. Extirpation of small knotted portions of a varicose vein was practised by the old surgeons; but this method was not applicable to long or tortuous veins, and involved great risk. Boyer first ligatured and then cut into the vein, whilst Bell tied and then removed some portions of the vein. But the mere laying open often failed, as the channel was restored again in many cases. To obviate this, Gräfe laid the vein open, and then plugged it with lint to ensure its healing by granulation. Experience soon revealed that such severe operations were too dangerous, so that modern surgery has recourse to milder methods of cure, all of which adopt the principle variously modified of attempting to close or obliterate the vein at intervals by means of ligatures, wires, or pins, by which the vein is for a time compressed. After all these operations, however, the vein often opens again, partially or completely, so that a further, and, when successful, a more satisfactory proceeding is employed by some—viz., the subcutaneous incision of the vein between the ligatured parts. Sir Benjamin Brodie frequently performed this subcutaneous section, followed by pressure, but abandoned it as ineffectual. It is Mr. Henry Lee that introduced a combination of the ligature with the subcutaneous section; but undoubtedly this plan does involve the risks attendant upon cutting into veins, from which the subcutaneous character of the section does not always protect us. This complex proceeding has indeed been followed by troublesome and even fatal results. Thus, the choice may be said to lie between a comparatively safe but only temporarily beneficial, or quite inefficient operation, and a really efficient but somewhat dangerous one; and be it remembered that even the interrupted ligature alone, without intermediate section of the vein, is not free from risk. It was natural to suppose that the antiseptic method of treatment might be employed for these or still bolder operations on veins with great advantage, if it would prevent the occurrence of those processes which so often end in suppuration or softening of the clot—pyæmia or septicæmia; and that thus it might render operations on veins as free from danger as others of a more simple nature. Accordingly, I first employed this method in three cases, when using the ordinary pins and figure-of-8 sutures; in each the result was most favourable, for there was no suppuration whatever around the pins, and no fever, and the cases terminated in from five to seven weeks. This success encouraged me to attempt the more formidable operation I have just described to you, for, as I have before said, the simple ligature only accomplished a doubtful or brief cure as a rule. It was my intention at first merely to slit up the vein and plug it with antiseptic gauze; but at the operation the thickened, dilated, and tortuous vessel, when opened, formed, with its incurved edges, such an irregular and loosened mass to leave in the wound, that I then determined to remove it entirely, and I am sure now that this is the better plan. In future, I should make an incision through the skin in a direction best suited to the position and form of the straight or tortuous vein, expose the vessel, which is very easy of accomplishment, put a carbolised ligature on it above and below, and then seize one end of it with a tenaculum forceps, and dissect it out. The application of Esmarch's bandage renders this operation perfectly bloodless, and no subsequent hæmorrhage need be feared from the lateral veins, however large, which open into the part removed, for this is prevented by a long pad of gauze placed in the wound. It is very interesting to observe that after the antiseptic dressings had been discontinued a part of the vein treated by the pins and subcutaneous section inflamed and suppurated badly both outside and inside the vessel, whilst merely a tranquil process of granulation and separation of primary clots occurred at the orifice of the divided veins in the principal wound. Hence this one case enables us to contrast the dangers of the two methods of dealing with a diseased vein—namely, ligature with subcutaneous section, and complete removal,—for the two parts belonged to the same patient and were under exactly the same circumstances. It will be noted that there was a total absence of fever in this case until the erysipelas set in, which was quite an accident, and probably might not have occurred if the antiseptic dressing had not been discontinued. Again, with the ordinary pin operation the case is never to be considered over before eight or ten weeks; in this case the man left the hospital in between seven and eight weeks, and had it not been for the erysipelas even this period would have been shortened. The result of the operation has thus far been most satisfactory: the part of the saphena vein below the excised portion is completely obliterated; and as the upper part is no longer fed by a long column of blood, it has also become contracted, and, indeed, cannot even be felt until a point is reached where it receives a collateral branch from the back of the thigh. No superficial veins are at present unduly enlarged.

Thus, then, I think we have a most efficient operation for bad varicose veins, rendered easy of performance for the surgeon by the *use of Esmarch's bandage*, and safe for the patient by the employment of an *antiseptic method of treatment*. It will, of course, be understood that the extent of vein to be removed must be left to be determined by experience and by the actual necessities of any given case.

DEPUTY CORONER FOR CENTRAL MIDDLESEX.—Dr. Hardwicke has nominated, with the sanction of the Lord Chancellor, Mr. R. D. Thomas as his deputy, to act in case of his illness or absence from lawful cause. Mr. Thomas is the son of a Somersetshire clergyman, and was educated chiefly at St. Mary's Hospital.

ABSTRACT OF

Lectures

ON

ELECTRO-THERAPEUTICS.

Delivered at Charing-cross Hospital,

BY G. VIVIAN POORE, M.D.,

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LECTURE VII.

ELECTRICITY IN SPASMODIC AFFECTIONS AND "WRITERS' CRAMP."

THE treatment of spasmodic diseases by electricity is not in high favour, and, as a rule, but small success has followed its employment. I believe, however, that in a certain proportion of spasmodic affections electricity is capable of giving relief; and I shall endeavour to point out to you how to bring about that desired end. It will be necessary for us, at starting, to look at the broad features of our subject, and endeavour to effect some classification of spasm which may be of use to us in indicating the suitable therapeutic measures.

What, then, are the varieties of spasms? You will find that writers are accustomed to speak of "clonic spasms," or spasms of momentary duration; and of "tonic spasms," or spasms of prolonged duration. A spasm we must define as an involuntary and irregular contraction of a muscle. Convulsions are attacks of spasm both clonic and tonic, affecting the whole or considerable districts of the body; and it will, perhaps, clear the ground a little if we say that there is no good evidence to show that electricity has ever been of the slightest use in relieving general convulsive seizures, whether dependent on "teething," epilepsy, tetanus, uræmia, the puerperal state, or intracranial mischief. It does not seem to me rational to expect that electricity could be of any service in such cases.

Clonic spasms are general or local. Chorea is a disease which is characterised by general clonic spasm. Obstinate cases of chorea are happily nowadays of rare occurrence, and we do not often meet with cases which resist common-sense treatment and hygienic measures for more than a few weeks. The case seems to have been different thirty years ago, when it was not uncommon to treat young women and children suffering from this disease in a truly heroic manner —with bleedings, blisters, strong purgatives, thirty-grain doses of sulphate of zinc, mercurialisation, croton oil, and assafœtida enemata. In those days it was found that patients suffering from chorea improved more rapidly when treated simply by franklinisation (taking sparks along the spine) than by any other method. In the Guy's Hospital Reports for 1837, 1841, and 1852, you will find an incontrovertible amount of evidence emanating from three most distinguished physicians—Dr. Addison, Dr. Golding Bird, and Sir Wm. Gull—as to the evident and great advantage of treating chorea by means of franklinic electricity. Certain it is that this mode of treatment has fallen into disuse. It may be that we are neglecting to profit by the valuable experience of the past, or it may be that franklinism has served merely indirectly to turn our thoughts to a belief in the *vis medicatrix naturæ*.

Of localised clonic spasms we have familiar examples in stammering (which is presumably due to clonic spasm of some of the muscles used in vocalisation), and hiccuping which is due to clonic spasm of the diaphragm. The former of these troubles is not difficult to cure, or rather to avoid, by attention to pitch and rhythm in speaking, and I am not aware of any evidence as to the beneficial effects of electricity, although I believe it has been employed. Satisfactory evidence as to the beneficial effect of any remedy in stammering is difficult to obtain, because even the very worst stammerers can, as a rule, obtain a certain mastery over their ailment, and it is impossible to determine whether or no improvement is due to remedial agents, or to strength of will.

Another form of clonic spasm is that which affects the muscles of the face. This is seen in its mildest form in that little quivering of the lower fibres of the orbicularis palpebrarum which patients sometimes speak of as "live blood," and which is dependent apparently on a disordered stomach. Possibly the very delicate structure of this muscle makes it particularly susceptible of reflex irritation. In an aggravated form this clonic spasm attacks the whole of the muscles supplied by the facial nerve, and it is then called the "histrionic spasm." It sometimes depends on reflex causes, and has been attributed to morbid conditions of some of the branches of the trigeminal nerve. More often, I believe, it is due to direct irritation of the facial nerve itself. Two cases we have lately seen in the out-patient room were almost certainly due to a morbid condition of the facial, for in one of them it was accompanied by disturbance of hearing, and a discharge from the ear, and in the other there was distinct tenderness behind the jaw, and the patient stated that the act of eating, which presumably caused some mechanical disturbance of his nerve-trunk, invariably aggravated his troubles. In neither of these cases was electricity in any form of the least use, although, strange to say, they both yielded to large doses of bromide of potassium.

Another form of local clonic spasm is that painful twitching of the stumps of limbs which sometimes occurs after amputation, and which is often accompanied by a bulbous condition of the nerves. I have tried the effect of the continuous current in one such case, and without the least success. Not the least alleviation of either pain or spasm occurred.

Another variety of clonic spasm is *tremor*. Now tremor may depend on many causes. Emotional causes, such as rage or fear, will cause trembling of the muscles. The reason for this would seem to be that the mental power, being entirely devoted to the emotions, is insufficient to control the muscles. For the healthy physiological action of a healthy muscle a certain definite quantity of stimulation would seem to be necessary. If the stimulus is not forthcoming, we get paralysis. If it is insufficient in quantity, owing to emotional diversion or want of conducting power in the spinal cord or nerves, we get tremor. The want of conducting power in the cord or nerves may be due to permanent causes, such as senile degeneration, or to removable causes, such as alcoholic or mercurial poisoning. In cases of paralysis agitans occurring in old people it is rare to find improvement take place, although Dr. Reynolds has recorded a case which was relieved by wearing a Pulvermacher's chain. If the cause of tremor is an immovable lesion, it is of course idle to expect improvement by mere treatment of the symptoms. In cases of mercurial tremor I should be strongly inclined to recommend faradisation of the muscles, because the thorough contraction of the muscles thus brought about would certainly help to eliminate the poison from the damaged tissue. Faradaism has, in fact, been of great service in such cases. In mercurial tremor the muscular tissue presumably suffers as well as the nervous tissue; but owing to the impossibility of separating the muscle from the nervous twigs which ramify in it, it is impossible to say which is at fault.

In certain morbid conditions of the muscles—as, for example, the granulo-fatty degeneration which takes place in progressive muscular atrophy—it is common to observe a fibrillary tremor of the muscle which occurs wholly independently of volition. This fibrillary tremor can, according to Duchenne, be arrested by systematic faradisation of the muscle at fault, thus bringing about a more active nutrition of it.

Another common cause of tremor is exhaustion. It must have been a not uncommon experience of all of us that after severe and unwonted muscular effort general tremor of the muscles has set in, a tremor which, for the time being, gives an uncertainty to all muscular movements, and makes us conscious of a peculiar jerking of the muscles throughout the body. This tremor is probably due partly to the exhaustion for the time being of the muscular tissue, partly to the exhaustion of the voluntary stimulus, and possibly the lines of conduction may have become exhausted also. This tremor may be called the tremor of acute fatigue.

Acute fatigue may affect the whole body generally, or it may be localised. Anyone who has tried to restrain a run-

away horse, or to hold out a weight at arm's length, has been conscious of a trembling in the muscles which have been called upon for the undue exertion. As I have had occasion to remark in a former lecture, this state of exhaustion can be at once relieved by the employment of a galvanic current to the affected nerves and muscles.

A trembling of the hands is not uncommon in epileptics who have been treated with large doses of bromide of potassium. With this trembling there is commonly associated a certain amount of intellectual hebetude. I have several times found that local tremor is much benefited by the galvanic current.

We must not only recognise acute fatigue as a cause of tremor and occasional clonic spasm, but we must also be prepared to admit that *chronic fatigue* may be accompanied by similar phenomena. Chronic fatigue is brought about by the prolonged exercise, as opposed to the acute severe exercise, of any one set of muscles. As examples of diseases caused by chronic fatigue, one may mention some varieties of writer's cramp, and the cramp with which hammermen, sempstresses, and others are occasionally afflicted.

For the better understanding of this subject of "chronic fatigue," which I believe plays no unimportant part in many morbid conditions, we may pass on to the consideration of that condition in which I have chiefly studied it—viz., *writers' cramp*. Writers' cramp or scriveners' palsy is one of those diseases which Duchenne calls "functional impotences," and you will find it stated in text-books that the disease is characterised by inability to perform the act of writing; that all other acts, however delicate, are performed perfectly well, but that immediately the patient attempts to write he fails (either at once or after having written a few words), generally by the pen eluding his grasp, or sometimes by tremblings of the fingers, or definite objective spasm of some of the muscles employed in the act of writing. The pathology of this disease has been stated to be a "derangement of co-ordinative centres." I find that within the last two years forty-two cases have come under my notice in which the principal symptom has been loss of writing power. Of these, thirty-one were called writers' cramp—that is, the loss of writing power was supposed to be the only thing amiss. As I have been most fortunate in seeing an unusual number of cases of writers' cramp, each of which has been subjected to a prolonged and thorough examination, I hope I may be excused for detaining you for a few minutes on the subject.

First, then, as to the act of writing, I would ask you to bear in mind that it is one of the most complicated possible, perhaps the most complicated muscular act which is ever performed by the body. The act of writing takes years of patient labour to acquire, and although children begin to learn very early in life, it is seldom before adult age is reached that their writing loses those evident marks of juvenility which we all know how to recognise. Perfect writing should be an act accomplished without effort, and almost without thought, or, in other words, it should be a purely automatic act, and one accomplished by an expenditure of mental stimulus so small that we can scarcely recognise it. For the accomplishment of the act of writing a very large number of muscles is required, and when we consider the "light yet firm grasp" of the pen which is necessary, the poising of the hand in the semi-prone position, the stroke-making movements of the pen accomplished by the flexion and extension of the fingers, the travelling of the hand across the paper and back again, and the journey of the hand to the ink-pot, we see that nearly every muscle between the shoulder and the finger-tips is brought into play, and we cease to wonder that years are required for educating these muscles to work accurately and harmoniously together.

There may or may not be a "co-ordinating centre" whose function it is to control the act of writing; this is a matter of speculation. It is, however, tolerably certain that, should one or more of the muscles which have been so laboriously educated exceed or fail in its work by an increased or diminished response to stimulation, the harmony of the complicated act of writing is interfered with, concord is converted into discord more or less marked, and that which had become a purely automatic act by dint of years of study relapses again into an act which requires a greater or less amount of attention.

Now directly an act which should be automatic begins to demand our attention for its execution, the difficulties of executing such act are increased a hundredfold. Fear of failure, especially before others, is ever present to the mind, and it would seem as if a certain proportion of that mental stimulus which ought to animate the muscles suffered what I have called emotional diversion, and thereby caused increased muscular impotence. I think I am right in saying that in every case of writers' cramp that I have seen there has been an emotional factor. Those who have had the most obvious physical cause for their troubles have complained that their troubles are worst in the presence of others, and especially when they have been called upon for official signatures before official witnesses. Emotional natures are those which are most prone to suffer from derangement of educated actions. I have seen one case, and only one, in which I could not discover any cause, save an emotional one, for the failure in writing, and it is right to state that there was nothing objectively wrong with the handwriting, the patient merely stating that "he felt a difficulty." In two or three others emotion, coupled with very trivial causes, such as alcoholism or slight neuralgia, had caused the difficulty, and in these patients again there was very little amiss with the writing. In two cases, rheumatic stiffening of one or other of the joints of the thumb had rendered certain combined movements impossible, and had thus destroyed the automatic character of writing. In two others, the troubles seem to have originated in stiffness of the shoulder and weakness of the deltoid (insidiously following rheumatism). In four cases a general strain of the arm had produced (through implication of the nerves) general weakness of many of the muscles. In one case paralysis of the ulnar nerve was the cause of the mischief; in another, weakness of the pronators from some cause occasioned the trouble, and in two others the failure of writing was the first indication of progressive muscular atrophy. In the remainder of my cases the difficulty in writing had been occasioned by excessive use of the pen, and had arisen for the most part in persons of energetic temperament who had written against time to accomplish some task. In these the failure of writing was undoubtedly due to chronic fatigue of some of the writing muscles. In the *Practitioner* for June, July, and August, 1873, you will find a full exposition of certain facts and theories connected with this subject. The main points insisted on are these:—(1) That, as pointed out by Sir James Paget, "Rhythmic nutrition is a law of nature," and that, for healthy muscular nutrition, the periods of contraction must alternate with periods of repose. (2) If a muscle be subjected to too prolonged, too frequent, or too violent stimulation, whether natural or artificial, it certainly becomes exhausted.* (3) Certain of the muscles used in writing are subjected to prolonged strain without the necessary intervals of repose; these are especially the muscles of pen-prehension (as opposed to the muscles of pen-movements), and consist of the intrinsic muscles of the thumb and fingers (first and second dorsal interossei, &c.) The muscles that poise the hand in its semi-prone position (the pronators and supinators) are also subject to prolonged strain. These strained muscles drift into a condition of chronic fatigue, and their possessor experiences a clumsiness whenever he has occasion to use them. Their contraction becomes weak, uncertain, and often interrupted by spasmodic action. Now, as soon as one muscle is worn out, another is employed to do its work; and thus it is that we account for the progressive nature of extreme cases of "writers' cramp." It is not uncommon to find that the scrivener first finds a difficulty with the forefinger, and can write only with the thumb and second finger; next he is obliged to grasp his pen tightly by means of the big flexors (which are ordinarily used for pen-movement), while the stroke-making is done by movements of the wrist or shoulder. These muscles in their turn give out, and at last writing can only be managed by fixing the pen to the hand or arm by mechanical appliances.

* This fact of "rhythmic nutrition being a law of nature" seems to be one of the reasons compelling the bilateral symmetry of the body. In such acts as walking, for instance, we use the muscles of either side of the body alternately; and it is well known that walking is an exercise which can be continued for many hours. Standing in one position is proverbially very tiring, because the muscles which support the trunk have no alternating periods of relaxation. Many a man who can accomplish a hard day's shooting suffers agonies of fatigue if called upon to stand for half an hour in one position.

Now, immediately one small muscle—such as the first dorsal interosseous—fails, the act of writing ceases to be automatic. The attention of the scrivener is required, mental effort is necessary, and mental effort for the accomplishment of muscular acts means excessive stimulation of the muscles employed. When once the patient becomes conscious of his troubles, the disease is sure to spread rapidly; and, for the same reason, if he uses his left arm, it is sure to give out very quickly. In these extreme cases the patients invariably suffer from the acute pain of over-fatigue (sometimes accompanied by headache) whenever they attempt to write. The fatigued muscles will be found to respond less thoroughly to faradaism than the healthy muscles of the opposite limb, and the patient either finds that voluntary action of these muscles is next to impossible, or if possible, is very quickly arrested by fatigue. In my experience it is not true, as is stated in most text-books, that all acts save that of writing can be perfectly accomplished. It must be borne in mind that for the accomplishment of most acts we have a great choice of muscles, and hence muscular failure may be difficult to detect; but it will be certainly observed that all acts involving the affected muscles are either impossible or performed in a clumsy manner. The phenomena of writers' cramp vary somewhat. They generally consist of mere impotence, without evident spasm or paralysis. Occasionally, however, there is cramp in the fatigued muscles, and sometimes spasm of the muscles which are antagonistic to them is observed. One definite cause of spasm is undoubtedly faulty antagonisation, and whenever we investigate local spasmodic action we must be careful to eliminate this cause.

Failure of writing-power must be treated according to the cause, which will in every case demand much patient investigation. For genuine "writers' cramp" dependent upon chronic fatigue, I have found the refreshing effects of the galvanic current of the greatest possible service, and I have had four extreme cases of patients who had exhausted all the usual remedies and had suffered for very lengthy periods, in whom rest and the use of the galvanic current, combined with a rhythmical exercise of the affected muscles, was productive of rapid and marked amelioration of the objective and subjective symptoms. This condition of chronic fatigue is to be found also in many of the "professional" ailments which are brought about by the excessive repetition of certain acts.

Clonic torticollis is a disease which is usually most obstinate and resists treatment of all kinds. It is sometimes due to faulty antagonisation, and, owing to the weakness of one sterno-mastoid, the other takes on a spasmodic action. In the Guy's Hospital Reports for 1841 you will find a case of clonic torticollis which was cured by "taking sparks" from the neck. If it is due to faulty antagonisation, faradisation of the weak muscle may be of use. Last year we had a successful case among our out-patients, which you will find reported in the first volume of THE LANCET for 1873. The patient was a needlewoman, whose spasm affected the right sterno-mastoid muscle. The left sterno-mastoid had apparently become chronically fatigued by constant dragging on the left clavicular arch, and, partly from faulty antagonisation, and partly, possibly, from reflex irritation, a spasm in the opposite muscle had been engendered. The treatment consisted of galvanism combined with rhythmical exercise, and the improvement was rapid.

I have also had under my care a case of spasm of the right hand (in a lady) in the direction of flexion and pronation, due to faulty antagonisation from paralysis of the extensors, combined with an hysterical temperament. Faradisation of the extensors quickly increased the bulk of the arm and the power of the muscles, and in proportion diminished the spasm.

Tonic spasm rarely calls for electrical treatment. It may be due to irritation, direct or reflex, or to faulty antagonisation. The galvanic current seems capable of relaxing the spasm of internal organs, such as the bladder or the bowels. Contractions of the bladder have been made to relax by the use of the continuous current, and the pains of colic and the conditions giving rise to it have been relieved in a similar way. If faulty antagonisation be the cause of tonic spasm, the faradisation of the antagonising muscles seems the most reasonable treatment.

ON

"THE LEAST SACRIFICE OF PARTS" AS A LEADING PRINCIPLE OF SURGICAL PRACTICE.*

BY THOMAS BRYANT, F.R.C.S.,
SURGEON TO GUY'S HOSPITAL.

I PROPOSE this evening to draw your attention to what I believe ought to be a great principle of surgical practice, but to what I fear is not yet sufficiently recognised, or, if so, acted upon; I allude to the principle which, for the sake of pithiness and of practical use, I have called that of "the least sacrifice of parts." Explained more fully, the principle is the one that forbids the surgeon to sacrifice more of the body than the absolute necessities of the case demand; that calls upon him to remove the disease that requires removal, but no more; that enables him in accidental surgery to make a flap for an amputation wherever he can, and in some cases to make no flap at all, but to leave the case to nature to repair; and in pathological surgery to cut through tissues infiltrated with inflammatory deposits rather than go above a joint, or take away more of a limb than the necessities of the case demand.

To enable me to illustrate this principle fully, I propose therefore to bring the subject before you in a series of propositions, each of which I hope to illustrate by cases and clinical remarks.

The propositions I hope to prove are as follows:—

(1) That in cases of disease or accident no more of the body is to be taken away than the necessities of the case demand.

(2) That to carry out this principle the surgeon may, in *pathological amputations*, fearlessly divide tissues infiltrated with organised inflammatory products, and even cut through the walls of suppurating cavities, or through diseased joints.

(3) That in *accidental surgery* parts irreparably injured are alone to be removed, and no healthy tissues are to be sacrificed in order to perform a recognised and probably a named operation. That to these ends the surgeon ought to utilise even doubtfully viable integument, or even leave a stump to granulate, when by so doing some portions of the shaft of a bone can be left, a joint saved, or amputation above a joint avoided.

The first proposition—"That, in cases of disease or accident, no more of the body is to be taken away than the necessities of the case demand"—may at first sight appear a truism; and possibly some of my hearers may be disposed to think that it is a rule generally followed. Observation, however, has taught me that such a conclusion would be far from correct, and that amputations and excisions of joints are often performed for local disease in cases from which the local disease could otherwise be removed, with far less risk to life, with an equal probability of securing a good result, and with the preservation of a limb or joint.

In the surgery of the foot or hand the truth of these remarks is well exemplified. For let me ask any hospital surgeon if it be not true that—in cases of disease of the metatarsal or tarsal bones and joints—we are too apt to regard any individual case as a good one for a Chopart's amputation, a Pirogoff's, or a Syme's, according to our own fancy or appreciation of the value of one or other of these operations; and if we are not too prone to forget that a good recovery of the foot may ensue on the removal of the diseased bone or bones without any amputation at all? And in support of this assertion I need do no more than quote the able advocate of Syme's amputation as given in Holmes's System of Surgery (2nd edit., vol. v.), where he expresses his mature opinion, after much experience, "that Syme's amputation is calculated to supersede entirely that of Chopart, besides taking the place of amputation of the leg in the majority of cases formerly supposed to demand it."

* Read in part at the Medical Society of London, January 11th, 1875.

I need hardly say that I entirely dissent from these views of the learned writer. I believe that for local disease alone no form of amputation of the foot should be entertained until less severe measures have been employed and failed; that when amputation is called for, the minimum amount of foot should be taken away; that when a Chopart's amputation will suffice, a Pirogoff's should not be thought of; that when a Pirogoff's is applicable, a Syme's should not be entertained; and that an amputation of the whole foot is never to be undertaken when the disease can be removed by a less severe measure; for I cordially agree with Mr. Hancock when he asked the question, in his College lectures, "if anything can be more unphilosophical than to advocate the sacrifice of any bone or joint of the foot for no other reason than that a particular operation should be performed."

To the surgery of other parts these remarks are likewise applicable; for do we not often see fingers amputated, and even thumbs removed, in cases of injury that, if left to nature, would very often be saved, in order that the surgeon may make a clean amputation? Do we not see joints excised that might be saved by free incisions into the joint or the removal of necrosed bone from the joint, and amputations performed above a joint or high up a limb in order that good flaps may be made? I do not say that these things are done so commonly now as they were; but I do say that they are done far too frequently, and I believe such errors are committed because surgeons are not sufficiently impressed with the great principle of operative surgery that I have just enunciated—that of "the least sacrifice of parts."

I will now proceed to illustrate these observations by the quotation of the brief notes of cases of disease of the tarsal bones and joints, and I will do so in the order of their severity.

CASE 1. *Disease of scaphoid bone of left foot in a child aged two years and a half; removal of bone; recovery.*—Edward H——, aged two years and a half, was brought to me at Guy's Hospital on August 16th, 1865, for some disease about the arch of the left foot. It had come on after an injury two months previously, and was attended with suppuration. The parts about the scaphoid bone and joints were clearly enlarged and diseased, and a probe was passed down to diseased bone. Within one month a piece of dead bone was removed, apparently a portion of the scaphoid, and in three months the parts had recovered. This boy was seen six months later, quite well.

CASE 2. *Disease of tarsus, scaphoid bone, and joints, in a child aged five years; removal of bone; recovery with good foot.*—Lucy H——, aged five years, came under my care at Guy's Hospital in 1863, for disease about the arch of the right foot. It had come on without any history of injury, with pain and swelling, some few months before. When seen, suppuration was imminent over the scaphoid bone, and great swelling. The abscess was opened in a few days, and dead bone subsequently felt. In 1864 the bone was removed, and in about six months a good recovery followed. This child came before me again on October 4th, 1866, for some other affection, and the foot was quite sound. The toes had a slight twist inwards, apparently from the loss of the scaphoid bone. The cicatrix alone remained to indicate the old disease.

CASE 3. *Removal of internal cuneiform bone and base of metatarsal bone of the great toe; recovery.*—Benjamin A——, aged thirty-nine, was admitted into Guy's Hospital under my care on July 23rd, 1872, with disease about his left foot for two years. It began with swelling, and went on to suppurate, sinuses having existed for eighteen months over the cuneiform bones and metatarsal bones of the great toe. On July 30th I removed these bones, which were necrosed, through a free incision, after which a rapid recovery took place, the man having subsequently a sound foot.

CASE 4. *Acute necrosis of os calcis; removal of bone; recovery.*—Ellen D——, aged twenty-nine, came under my care on June 8th, 1872, with suppuration about the heel. It had come on three weeks before, after having struck the outer side of her foot against a stone. An abscess followed the injury, and a sinus was present below the external malleolus, through which diseased bone was felt. On July 16th I laid the sinus open and removed a large mass of necrosed calcis, after which a rapid recovery ensued. A good foot was thus saved to the patient.

CASE 5. *Acute necrosis of os calcis; removal of bone; rapid recovery.*—Emma G——, aged eleven, came into Guy's Hospital, under my care, on July 8th, 1872. Three weeks before admission, when running, she felt pain in her right heel. This was followed by swelling of the part within twelve hours and the formation of an abscess. The abscess was opened before admission. On admission the whole heel was much swollen, red, and painful; an abscess was discharging below the inner malleolus, and through this opening bone was felt; a second sinus existed also above the tuberosity of the os calcis. On Sept. 10th, under chloroform, I freely laid open the inflamed parts and removed the epiphysis of the os calcis, with nearly the whole bone. I covered the parts up with lint and cotton-wool, and dressed them for the first time on the seventh day, the child having been quite comfortable and free from pain during the interval. When the dressings were removed the wound had nearly healed. The child left the hospital on Oct. 16th, well, with a sound foot. In January, 1873, the child was quite well.

CASE 6. *Disease of the astragalo-calcoid joint; removal of necrosed calcis; recovery.*—(Reported by Mr. Bingham.)—William C——, aged four years and a half, was admitted into Guy's Hospital on August 2nd, 1871, under Mr. Bryant's care, with disease about the right foot. The mother stated that a year ago, when washing the child, she noticed a swelling on the inner side of the left foot, below the ankle. This gradually increased, and caused limping. She took the child to a London hospital, where he was kept for five months, and left improved in general health, but the foot was the same. She then brought him to Guy's, where he was treated for several months as an out-patient, and during this time the swelling burst. A short time afterwards another abscess appeared, and discharged below the outer malleolus. The child was then admitted into the hospital. On admission, the foot was much swollen below the ankle-joint, and two sinuses existed, one below either malleolus, into which a probe could be passed down to diseased bone, which Mr. Bryant said was situated between the astragalus and calcis. The ankle-joint was healthy. On August 15th Mr. Bryant made a free curved incision over the outer side of the foot, laid open the astragalo-calcoid articulation, which was disorganised, and removed some necrosed bone, which was clearly the upper articular facet of the calcis. The wound was then dressed with water dressing, and the foot bound upon a splint. Rapid recovery followed, the child leaving the hospital on September 22nd well, with complete movement of the ankle, and well able to walk. The parents were, however, directed to keep him off his legs as much as possible for some weeks. Two months later the child was seen, and he was quite well.

CASE 7. *Necrosis of lower half of the astragalus; removal; recovery with perfect foot.*—Henry S——, aged seven, came to me at Guy's on December 6th, 1866, for some affection of his left foot. It had been coming on for some weeks, and had followed a fall. The pain came about the heel, and the swelling below the external malleolus, but after about one month another swelling appeared below the inner malleolus. Exercise caused great pain. When I saw him all the parts below the ankle were enlarged, swollen, and inflamed. Sinuses existed beneath both malleoli leading into the articulation between the astragalus and calcis, and through which exposed bone was felt. The ankle-joint was sound. On January 21st a fresh abscess formed over the heel, and when this was opened bone was also felt. On May 18th, 1867, the boy was admitted into the hospital under my care, and a large sequestrum was removed from the astragalus, which involved its lower articular facet. The cavity was lined with soft granulations. A good and rapid recovery followed.

The mother of this boy called on me on March 27th, 1869, two years after the operation, to say that her boy was quite well, and could walk as well as ever he could without pain or limp.

CASE 8. *Disease of anterior half of tarsal bones; Chopart's amputation.* (Reported by Mr. Stewart.)—Caroline B——, aged thirty-two, was admitted into Guy's Hospital in July, 1869, under the care of Mr. Bryant, for extensive disease of the second row of tarsal bones of the left foot. It began, eight months before her admission, with swelling and pain in the outer side without any assignable cause. It was treated as rheumatism. About one month later the inner side of the foot began to enlarge, and a few weeks after this

abscesses formed. On admission, the whole of the anterior two-thirds of the left foot was swollen and excessively painful on manipulation. On the outer side an abscess existed; and on the inner, a sinus, opening an inch below and anterior to the inner malleolus, led down to the scaphoid. On August 6th this bone, with the cuneiform, was removed, both being necrotic. Things improved for a time, but it soon became evident that the cuboid was equally diseased; consequently this was taken away. But on doing so, the disease was found so extensive that, on July 4th, Chopart's amputation was performed. The vessels were all twisted, and the wound closed. A rapid recovery ensued, the patient being up in two weeks. She had an excellent stump.

CASE 9. *Disease of ankle-joint; Pirogoff's amputation; recovery.* (Reported by Mr. C. Ticehurst.)—George H——, aged twenty-two, a groom, was admitted into Guy's Hospital on Feb. 22nd, 1869, under Mr. Bryant's care, with disease of the tarsal bones and joints of the left foot and ankle-joint. It had been coming on for a year, and was too extensive to allow of any hope being entertained of anything less than amputation being of use. Mr. Bryant, therefore, on March 5th, 1869, performed Pirogoff's amputation, saving the posterior third of the os calcis to be turned up to unite with the divided ends of the tibia and fibula. The flaps were brought together with pins; rapid and good union followed, the bone rapidly uniting and the flaps consolidating. The man left the hospital with a good and well-formed stump. He came in again in 1870 with some sinus that had reopened, and Mr. Bryant laid it open, exposing a cavity in the bone, which was cleaned out and allowed to granulate. A rapid recovered followed. The man could walk and use the stump without pain within a month, and two months later he remained well.

CASE 10. *Removal of diseased bone; subsequent disease of ankle-joint; amputation; recovery.* (Reported by Mr. Paramore.)—Edward R——, aged sixteen, was admitted into Guy's Hospital, under Mr. Bryant's care, on August 31st, 1868, with extensive disease of the left ankle-joint of five years' standing. It commenced after a sprain, with pain and swelling; suppuration had been present in the joint for about three years. On admission the joint had many sinuses passing into it, all connected with disease in the astragalus. On Sept. 11th Mr. Bryant cut into the first, and removed the necrosed bone, but the case went on most unsatisfactorily, and the boy's powers began to fail. Consequently, on Dec. 1st amputation was performed at the lower third of the leg, the vessels being twisted. Two lateral skin flaps were made, with a circular division of the muscles. On Dec. 8th the dressings were removed for the first time, when primary union had taken place. By January 1st all the stump had completely consolidated, and the boy left the hospital well.

Remarks.—These cases have been arranged in their order of severity; the first being an example of necrosis of the scaphoid bone, treated by its removal, and the last of extensive disease of the whole foot, requiring amputation. They are only a few out of many others I could adduce to show with what success local disease about the foot may be dealt with by local treatment, and I trust they are enough to support the view I would wish you to accept,—that it is the surgeon's duty in the majority of cases, such as those I have selected, to employ the minor means before the major are entertained; to deal with the diseased parts themselves before healthy tissues are sacrificed; to take away dead bone, but to leave all other bone alone, for bone that is not dead is as a rule reparable, and to take this away is too often to take away what, if left alone, would make good the parts that have died. I have followed this practice for many years, and have never regretted it. I may add that I have never excised a tarsal bone, having never met with a case calling for such treatment; I have never done more than remove dead bone.

(To be continued.)

THE FRENCH HOSPITAL.—The Lord Mayor, Mr. Sheriff Ellis, and Mr. Sheriff Shaw have accepted the invitation of the committee of the French Hospital in Lisle-street, to be present at the annual banquet in aid of their funds, which will be given on the 30th inst. at Willis's Rooms, under the presidency of his Excellency the French Ambassador.

BRAIN MISCHIEF IN THE LEFT HEMISPHERE, AND COMPLETE HEMIPLEGIA OF THE SAME SIDE.

BY HENRY DAY, M.D., F.R.C.P. LOND.,
PHYSICIAN TO THE STAFFORD COUNTY INFIRMARY.

THERE can be no question, I think, as to the desirability of recording cases which present very rare or unusual features, and there can be, perhaps, no more suitable method of accomplishing such record than through the columns of some well-known, long-tried, and widely-circulated journal. I say *perhaps* there can be no more suitable method, because I am of opinion that, if time were permitted to the busy practitioner, a collection of such cases in a separate volume, or separate volumes, would be easier for reference, more certain to attract serious attention, and more likely to ensure the preservation of such record. Unfortunately, however, the time occupied and the anxiety entailed by active professional engagements leave but scant opportunity to the practising physician for well-considered book-making, so that it is impossible not to admit that a short article to one of our weekly periodicals does seem, in many instances, the readiest and easiest means by which we can throw any unusual experience directly before the eyes of our brother practitioners.

The case I am about to present to my readers is by no means deserving the character of being considered "unique," because very similar cases have been mentioned before now, and Guthrie, in his book "On Injuries of the Head affecting the Brain," says that "Burdach" collected fifteen instances in which the brain mischief and the resulting paralysis were on the same side; nevertheless, such an occurrence is acknowledged to be very rare, whilst the opportunity afforded me just at this time of calling attention to a patient in whom this state of things existed has, to my mind, a particular interest and significance, derived, I may say, principally from the circumstance of our having recently been favoured with an account of experiments devised and carried out for the purpose of affording illustrations supposed to prove the localisation of certain faculties or functions of the brain.

Now, all those who have carefully perused the details of the experiments referred to will not fail to remember that on no single occasion was it claimed, in any definite way, for these experiments, that the physical excitation of the part of the brain near the corpus striatum on one side was followed by movements on the *same* side of the body. However, I will not anticipate, but proceed at once with the narrative of my case.

Henry T——, aged thirty-nine, a joiner by trade, was admitted into the Stafford Infirmary, under my care, on the 2nd of October, 1874. His father and mother died when he was very young, and his family history could not be obtained. He was an only child, and his wife stated that, ever since she first knew him, he had been a steady, strictly temperate, and industrious man. Until about six weeks before his admission at the infirmary he had enjoyed extremely good health, but just at this time he began to complain continually of what he called rheumatism—stiffness in his limbs generally; but, excepting for two days when he remained in bed, he never gave up following his usual occupation. About four days before he was admitted he was seized suddenly, during the night and whilst in bed, with great pain in the head; and his wife then noticed that his ideas were confused, and that he had lost entirely the power of motion of the *left* side of the body. This state continuing, she had him removed to the infirmary.

His condition when first seen was as follows:—He appeared to be well nourished, but looked a much older man than he was said to be. The left arm and leg were quite powerless. When lifted up, upon the withdrawal of support they fell in a perfectly helpless manner, and remained, if not again supported, in a manner which is best described by the common expression "dangling." The whole face seemed drawn to the right side. The left angle of the mouth was depressed; and the tongue, when protruded,

was directed to the right side. Sensation on the left side was defective, but not altogether deficient. He was indistinct and thick in his speech; had some slight delirium; but always used the right word for what he wanted to express, although he evidently had a difficulty in pronouncing the word he wished to use.

It was observed that he had a slight cough, but no expectoration. Upon examining the chest, there was discovered dulness on percussion at the lower and back part of the left lung, also some slight amount of crepitation. At this time his breathing was hurried—about 30 inspirations and expirations in the minute. The pulse rate continued throughout at about 96, but on the left side it was fuller and more compressible than on the right, and on both sides it possessed considerable strength. The temperature was higher than natural on the affected side—about 101°; on the sound side 99°. The pupillary openings were widely dilated; there was no difference between the two, both irides acting alike, though sluggishly, upon the admission or withdrawal of light. Heart-sounds perfectly natural.

On the 5th, three days after coming to the infirmary, it was noticed that the left leg was very considerably swollen and œdematous, the swelling and œdema continuing to increase for six days, and the limb assuming a reddish, dusky-purple colour. Pulsation in the femoral artery could be distinctly made out until the œdema increased to such an extent as to prevent its being done. On the ninth day the swelling and œdema suddenly and rapidly declined, so that in the course of a few hours the leg had all but recovered its natural shape and outline.

On the thirteenth day he lost control over the sphincters, the fæces and urine being passed involuntarily; and on the 21st, nineteen days from the date of his admission, he died.

At the post-mortem examination made by Dr. Reid, the house-surgeon, on the 22nd, the following conditions were revealed:—Abdomen: All the viscera were in an apparently healthy state, the liver being something larger than it is usually found to be. In the interior of the left common iliac vein, near Poupart's ligament, there was a considerable circular, circumscribed deposit of fibrin adherent to the serous lining of the vessel; this deposit was not very firm, but it considerably diminished the calibre of the vein.—Chest: Heart and vascular system generally in a perfectly normal state; no appearance of fibrinous deposits anywhere to be found. The lungs were not altogether in a healthy state, there being a small patch at the lower and back part of the left lung in a state of consolidation; but, with this exception, the lungs might be said to afford no evidence of disorder or disease.—Head: The arachnoid membrane had its usual rose-pink, healthy appearance, but, on opening it, a large amount of fluid escaped. The lateral ventricles, too, contained more fluid than should have been present. The general contour and appearance of the surface of the brain was natural, except so far as the middle lobe of the left hemisphere was concerned, this part being from top to bottom completely softened and broken down almost into a pulp—the left corpus striatum being involved in this general disintegration. No other part of the cerebrum or of the cerebellum was affected; indeed all appeared healthy, but the venous sinuses were engorged with blood. As regards both arteries and veins, every attention was given to discover, if possible, any trace of embolic or thromboid obstruction; yet, beyond the condition mentioned of the left common iliac vein, no actual evidence could be discovered of anything of the kind existing anywhere else in the vascular system.

In relating this case I have made no reference whatever to treatment, neither have I alluded to diagnosis or prognosis, preferring to let all interest in the case remain concentrated on the single circumstance of the infrequent occurrence of brain injury and paralysis existing on the same side of the body. How such apparently anomalous cases happen, as being, it would seem, in direct opposition to a rule, it must be difficult, and, with our present knowledge, I consider impossible to determine. Some may attempt to account for such a strange departure from a seemingly general law by a reference to the enigmatical commissural connexion of the ganglionic centres; but, however this may be, the fact of such cases really taking place militates in an inconvenient, if not a ruthless manner, against the views of those who have looked but too admiringly on the experiments of men who have bound themselves hand and foot to belief in the centric localisation of faculty.

Peripheral localisation is plain enough, as evidenced by the particular apparatus and nerve arrangement made use of in the exercise of our special senses, "the seeing eye and hearing ear"; but that the brain can ever be mapped out into special areas in which each area will have localised within itself the residence, the only residence, of some one particular faculty—that the influence of one part of the organ can ever be isolated from, and rendered independent of, the influence of every other part—that each part is not dependent upon every other part—that the organ can ever rightly be looked upon as anything but one great harmonious whole, is to expect that this marvellous structure shall, at some future time, if not now, be studied by means of an exact science, and that the tablets of its recognition—the very basis of its volition, shall be made subservient to the rules and requirements of the same, so that, given a weak galvanic current and a man's brain, you must then be in a position to make the latter think, reason, and *will* to do whatever *you* wish it to do.

That the experiments of Fritsch, Hitzig, Ferrier, Nothnagel, and others are interesting and in some sense instructive is indisputable; but that they will contribute in any degree to render more certain the inferences of phrenology—that they will, even to the smallest amount, form the groundwork for a more accurate knowledge of the physiology and pathology of the cephalic mass, is, I very much fear, neither more nor less than a delusion and a snare; whilst the experiments of the Swiss physiologist, Gudden, showing, in plain language, that organs that are not or cannot be used are sure to waste; that abolishment of one sense is followed, as a rule, by increased activity and acuteness of some other sense,—are worse than useless, inasmuch as they prove nothing but what has already been well understood, and what any reader of the Bridgwater Treatise on Adaptation and Compensation could have explained without having recourse to the vivisection practised by Dr. Gudden.*

What an irritating current derived from the secondary coil of Du Bois-Reymond's induction machine may do, in sufficiently able hands, it is, perhaps, difficult to say; but if it will only make clear why my patient, who had such serious brain mischief on the *left* side, did *not* have, as we have been taught to suppose he *ought* to have had, paralysis on the *right* side, I shall experience the most unaffected satisfaction.

Stafford.

* Experimental Untersuchungen über das Peripherische und Centrale Nerven-system. Archiv für Psychiatrie und Nervenkrankheiten, Bd. ii.

DIVISION OF THE ISTHMUS TO RELIEVE DYSPNŒA IN CERTAIN CASES OF BRONCHOCELE.

BY SIR G. DUNCAN GIBB, BART., M.D., LL.D.,
PHYSICIAN TO WESTMINSTER HOSPITAL.

IN the course of an experience of many years several cases of enlargement of the thyroid gland, affecting one or both of the lateral lobes and implicating the isthmus, have come under my observation. When the isthmus is enlarged, there is usually present a feature of great significance that is the precursor of future mischief—namely, the presence of dyspnœa from pressure upon the trachea, to which very soon it becomes strongly adherent. If not relieved by treatment, the lateral lobes—which in their enlargement sometimes spring from the isthmus itself—may extend on either side of the trachea itself and completely encircle it. The consequence of this is that the tube is compressed laterally, and its form becomes oval, with a very narrow passage to breathe through, which sooner or later ends fatally. An instance of that kind in a young Oxford man was under my observation in 1869, in whom the enlargement was attributed to a cold caught whilst sleeping with the window open. The progress of extension around the

trachea was rapid; the compression was so great that fatal dyspnœa occurred in January, 1870, and after death a narrow oval fissure was found to be all that the patient could breathe through during life. Tracheotomy was ineffectually attempted by a skilful hospital surgeon, and, as no relief was afforded, the belief was entertained by a physician of eminence, who saw the case *in extremis*, that an aneurism might be present to account for the symptoms. As I had given the opinion to the father that nothing was wrong beyond the bronchocele and its influence on the trachea, an autopsy proved that only such really existed, and the heart and other organs of the body were healthy. In stating this no blame whatever could be attached to the physician who saw the patient in the hour of his extremity. I could cite other examples, where the disease was gradually progressing towards the same result, and no doubt they are familiar to those in the habit of seeing bronchoceles. However, in some of our hospital museums the preparations themselves show how hopeless are all means of cure when once the trachea is grasped by the tumour. I had long thought over the matter, and came to the conclusion that the only remedy in such cases was to remove or divide that portion of the bronchocele which was in contact with the trachea itself—namely, the isthmus,—*before* it had commenced either to encircle the tube or had become too firmly adherent to it. This last summer the opportunity was afforded me to have this practice tried, and I am happy to say with the best results. The symptom that was the most urgent was dyspnœa, owing to the pressure of the enlarged isthmus, which had formed a distinct tumour over the trachea nearly the size of a walnut. This was adherent to the deep fascia over the trachea, and moved up and down with the tube and thyroid cartilage in the act of swallowing. Great distress and discomfort, and feelings of the most miserable and desponding nature, were almost constantly present, invariably aggravated by attacks of recurrent dyspnœa. I was satisfied the lateral lobes were dipping backwards, and in a few weeks or months would have irretrievably compressed the trachea, as in the case of the young Oxford man. The details are briefly these:—

Margaret H——, aged twenty-nine, from Shropshire, a cook some years in London, was sent to me on April 27th, 1874, complaining of great discomfort and tension about the neck, and dyspnœa, from the presence of an enlarged thyroid gland, that had been enlarging on both sides of the neck for two years, but especially so on the right side. She described the feeling about the neck as a smarting one, and the swelling she said "draws the neck"—i.e., made the neck feel very tense, as if tied round with something. This had caused nausea and vomiting for some ten days. She was most desponding, quite pallid, and had changed from a stout to a thin girl. The goitre was distinctly prominent on the right side, and not so visible on the left, but the enlargement was unmistakable on both sides, and the intervening isthmus was continuous from one lobe to the other, and decidedly enlarged, taking the form of a distinct rounded, somewhat projecting tumour over the trachea. In swallowing she felt as if something were pressing on her windpipe, and the isthmus moved up and down synchronously with the thyroid cartilage, showing that it was not only in close contact with the trachea, but possibly attached to it. She was treated by a combination of the iodide and bromide of ammonium with other adjuvants, internally, and an ointment externally of the bromide of lead. She greatly improved, and the swelling on the right side of the neck became freely movable; the trachea could be more distinctly traced from below upwards, the isthmus was decidedly less prominent, and all the other symptoms referable to the breathing got better. She took, for a short time afterwards, the bromide of ammonium and citrate of iron. Her mistress, finding she was in delicate health, declined to keep her, and all the old symptoms returned, with great tension and hardness of the isthmus. I told her the nature of her complaint, and stated she might now and then improve, but the cure of the attacks of dyspnœa was impossible without the removal of that portion of the tumour over the windpipe. To this she consented, and was accordingly admitted into Westminster Hospital on July 2nd, and placed under the care of my colleague, Mr. Holthouse. I had previously explained my views to him, which he perfectly comprehended, as we had discussed the matter several times.

On the 11th, after chloroform had been given, an incision was made through the integuments in the median line over the trachea, about two inches long, the superficial fascia and then the deep were divided on a director, and, finally, the surface of the tumour was exposed, which in size approached that of a flattened walnut. The isthmus on either side of this was more slender and smaller in bulk than the tumour, which permitted of a strong ligature being placed on either side of it with the aid of an aneurism needle. The isthmus was then freed to the inner side of each ligature, divided, and wholly removed, the trachea being observed to be quite free. There was not much bleeding, although several small veins ramified on the surface of the tumour. Subsequent examination showed the removed isthmus to be partly cystic in its character, for on section, one cyst especially was divided, giving exit to some fluid; the remaining portion looked like degenerated glandular tissue.

By the 14th the wound was nearly healed; on the 17th the last ligature came away. A few days later the wound was perfectly healed, and she left the hospital, feeling no inconvenience about the trachea in breathing or swallowing. The relief afforded by the removal of the isthmus may be described as truly wonderful.

On the 16th November she called upon me in perfect health; she had got stouter, had married, and there was not a trace of her old symptoms. The trachea could be felt uninterruptedly free from the root of the neck upwards, and the enlarged thyroid gland on either side seemed to have receded from the median line, and was less prominent.

The results in this case fully justified the hopeful view entertained of the operation, and it was not long after that another opportunity was afforded of again trying its effects, under circumstances somewhat differing and even more unfavourable.

Alice D——, aged seventeen, a healthy-looking girl, was sent to me by my friend Mr. M. W. Chambers, of Sutherland-street, Warwick-square, with general swelling of the entire front part of the neck, especially above the clavicles, from enlargement of the thyroid gland, which, it appeared, had existed since her birth. Whilst there was an unusual fulness of the neck, there was not the great prominence observed in most cases of bronchocele; yet the swelling was traversed by numerous enlarged and tortuous veins, through its extension behind the clavicles and pressure upon the subclavian and other deep-seated veins. This gave rise to some facial turgescence and a ruddy complexion. The isthmus was felt continuously from the one side to the other, and was closely applied to the trachea, giving rise to occasional dyspnœa, dysphagia, laryngeal cough, and general discomfort, which had induced the girl's mother to seek advice for her. She was admitted into Westminster Hospital under my care, and put upon preparations of iodine internally, and the use of the bromide-of-lead ointment, as in the first case. She certainly improved, and the swelling became softer. But in the early part of December she had symptoms that simulated an attack of laryngitis with such extreme dyspnœa for two or three nights that the house-surgeon was called up to open the trachea. Fortunately relief was obtained without resorting to that measure, and she got better; but as it was hopeless to expect a cure, or even permanent relief, whilst this enlarged isthmus remained, I concluded that surgical interference might do more than medicine, and requested Mr. Holthouse to see her. As everything was favourable he consented to remove the isthmus. On the 15th December she was narcotised with chloroform, and as she had eaten some food shortly before, this was vomited, and during the act the prominent isthmus was seen to move up and down synchronously with the thyroid cartilage, pointing to close and firm attachment to the trachea. An incision was made one inch and three-quarters long below the thyroid cartilage, which divided a small vein that had to be tied; another, rather large, coursed upwards from right to left, which was avoided. The superficial and deep fascia being divided upon a director exposed the isthmus, which suddenly cropped up like a hernial tumour. This was found to be fully an inch wide, proportionately thick and firmly attached to the trachea. Mr. Holthouse cautiously detached it by means of curved scissors, and then passed an aneurism needle under it, armed with a double ligature permitting it to be tied in two places, as wide apart as possible. As these ligatures were likely to become detached in

the event of division of the isthmus, it was considered prudent, with my concurrence, to leave them in to slough out, and thus avoid the risk of hæmorrhage. The wound was closed and the patient conveyed to bed. Without giving the progress from day to day, it may be stated that everything went on well, the ligatures came away in a reasonable time, there was some free suppuration of the portion of the isthmus between the ligatures, and finally the wound healed. The general turgescence of the face seemed to have wholly gone, and the decided prominence of the neck became less, the circumference having become reduced from 14½ to 15½ inches. There was a disappearance of several of the cutaneous veins, except at the lower part nearer the clavicles. The relief to the general tension across the neck was the chief point gained, and no discomfort was experienced such as had been present before the operation. This can be well understood, on reflecting that the isthmus was then exerting a pressure upon the trachea and adjacent parts like a strong band tied around the neck.

That the results will be as favourable here as in the first case there is good reason to believe, but I should prefer as a rule a good large portion of the isthmus to be removed to simple division, as there is less likelihood of any subsequent adhesion to the trachea; and as to the hæmorrhage from a divided portion of the gland, I think the danger to be feared from it is much overrated.

Although the enlarged thyroid gland has been wholly removed several times with success, and quite recently by my friend Dr. Fenwick of Montreal, by Dr. Wolfred Nelson of the same place, and by Dr. Beaumont of Toronto, yet I believe that this is the first occasion in which the isthmus has been either wholly removed or divided, at my suggestion; and the extreme importance of the subject is my excuse for bringing it before the notice of the profession. I have no doubt that this new remedial measure will receive a fair trial, and I feel confident that it will become one of extreme value and importance in a very dangerous class of cases.

Bryanston-street.

ON THE COLD-WATER AND ANTISEPTIC TREATMENT OF TYPHOID FEVER.

BY HENRY BLANC, M.D., F.R.G.S.,
SURGEON-MAJOR H.M. INDIAN ARMY.

TYPHOID FEVER is a disease caused by a poison of animal origin, proceeding from the intestinal discharges of persons affected with the same disease. The exact nature of this organic poison is as yet undetermined. The old doctrine of fermentation is no longer in favour, and most pathologists believe that the contagia are endowed with independent life and power of growth. The vegetable nature of disease germs was at one time very generally accepted, but, as Dr. Parkes* remarks, the best observers doubt very much the existence of true and recognisable and special fungi as the efficient cause of disease. The evidence of the presence of bacteria in typhoid blood seems to be complete, but it is still an open question whether they are the cause of the typhoid fever, and it even appears, from some of the post-mortem histories, that bacteria were not always found in the blood.† Dr. Beale's germ theory of disease seems to be the only one which agrees with clinical observation. According to this author, the contagia are of animal origin, born in and only growing in the body.‡

Dr. Parkes gives to this hypothesis the support of his great authority: "The independent life ascribed to these particles of bioplasm is no assumption, since we are now aware that many of the small animal cells or bioplastic molecules are virtually independent organisms, having movements, and apparently searching for food, growing and dying. This view explains singularly well the fact of the frequent want of power of the contagia of one animal to affect another family—as, for example, the non-transference of many human diseases to brutes and the reverse. It also partly explains the non-recurrence of the disease in the same animal, by supposing an exhaustion of a special limited supply of food which cannot be restored, since it may be supposed that some particular bodily structure is altogether destroyed—as, for example, Peyer's patches may be in enteric fever."

The morbid anatomy and the symptomatology of typhoid fever point to a twofold influence of the specific poison. It exerts at first its action on the intestinal tube, and secondly on the whole system; the elevated temperature, the disordered innervation, the degeneration of tissues, &c., are never primary alterations, and they may even be absent altogether—as, for example, in the apyretic forms of typhoid fever.

Certain substances destroy the vitality of the contagia and arrest their growth. Certain conditions, on the other hand, are necessary to their development, and of these the most important are an elevated temperature, moisture, &c. If, then, the real cause of such diseases as cholera, small-pox, typhoid fever, &c., be the introduction into the body of a low living organism, we must adapt our treatment to this knowledge, and employ such substances and avail ourselves of such conditions as will arrest the growth and destroy the vitality of these morbid germs. Hence the employment of cold and of antiseptics is theoretically indicated in these diseases, and further clinical observation has proclaimed their usefulness and their value.

Dr. Brand's (of Stettin) treatment of typhoid fever is based on the theory of fermentation. His method, however, is equally acceptable if we believe in the germ theory of disease, as most agents that arrest fermentation will hinder the growth and development of such low organisms as minute portions of bioplasm. Dr. Brand endeavours to maintain the temperature of the body below fever heat. His *modus operandi* (as described by Dr. Glénard,* of Lyons, who, during his captivity at Stettin, witnessed ninety-three cases of typhoid fever treated by Dr. Brand himself) is the following:—

At the beginning of the disease—end of the first or beginning of the second week—the patient is placed up to his neck in a bath at the temperature of 68° F., and at once cold water—43° to 47° F.—is poured over his head; an important point, specially when cerebral symptoms are present. The following days, when doubtless the nervous system will be less excited, water at the temperature of the bath will suffice for the douche. The douche should be continued during a couple of minutes; the assistant will afterwards rub and shampoo under the water the limbs of the patient during some three or four minutes; the patient is then to be left quiet. By that time a transformation can already be observed in him. He was, perhaps, unconscious when placed in the bath; he now begins to complain, the tongue gets moist, the face assumes a more natural appearance, and the previous drowsy, stupid look gives way to an expression of astonishment and fear. After the patient has been some eight minutes in the bath, he is seized with a violent rigor; the teeth chatter, he pants for breath, and violent and repeated fits of coughing are followed by the expectoration of thick bronchial mucus. Frequently there is an involuntary stool. The patient by this time feels anxious, and endeavours to get out of the bath, but the physician must here more than ever remember Dr. Brand's aphorism: "The patient will shiver and chatter his teeth, but he must remain fifteen minutes in the bath." If the rigor appears early, the bath should last only fifteen minutes, and somewhat longer should the shivering appear later. Before removing the patient from the bath, the head-douche should be repeated.

Taken out of the bath the patient can stand supported by the assistant. He is trembling with cold, his skin marbled, shaking like a leaf beaten by a strong wind. He is at once carried to his bed, and his shirt should be put on without previously wiping him. A woollen blanket has been prepared to wrap up his feet, the mattress and pillow should be sufficiently hard as not to be depressed by the weight of the body. A single sheet should be thrown over him in summer, a light blanket in winter. Next a cupful of tepid broth should be given to him, followed by a mouth-

* Manual of Practical Hygiene. 1873.
† Parkes: Report on Hygiene for the year 1872.
‡ Dr. Beale: The Germ Theory of Disease.

* Lyon Médicale, No. 20, 1873.

ful of good old wine. He is then to be left perfectly quiet. The shivering will last from twenty minutes to nearly an hour.

The cold baths are repeated about every third hour, day and night, until the temperature in the rectum measures only 101° Fahr. The patient's diet should be served tepid, and consist of milk, tea and milk, mutton and beef broth. Every half hour he should drink a mouthful of iced water, and where much prostration is present he should be allowed a little good wine before each bath. Cold-water enemas are also administered in some cases.

Dr. Brand applies his method to all cases, and during all the stages of the disease; he admits but one exception—perforation of the bowel, a condition which requires perfect rest.

Such is Dr. Brand's method, and the results obtained by it are excellent.

Dr. Béhier, Professor of Medicine at the Hôtel Dieu, Paris, has given Dr. Brand's method a fair trial, and from what he has observed he concludes that under the influence of the cold baths the respiration is easier and more regular, the heart contracts with more vigour, the secretions reappear, the tongue gets cleaner, and the thirst and meteorism lessen.*

Dr. Glénard's† opinion is the following:—"You will not find in the five or six thousand cases of typhoid fever treated by this method one single unsuccess among those which have been submitted to it since the beginning of the disease."

Up to 1868 Dr. Brand had treated 170 patients by cold baths, and obtained 170 cures; and in the year 1870–71 he had 89 cases and 89 cures. Dr. Glénard records 52 cases and 52 cures; and Dr. Huchard‡ states that all the physicians who have carefully followed Dr. Brand's method have mostly successes to register.

The following table of Wunderlich (quoted by Dr. Huchard§) gives the general results of Brand's method compared with other systems of treatment:—

Name of author.	Mortality in typhoid fever.	Mortality in typhoid fever where Brand's method has been applied.
Wunderlich	18·1	7·2
Jurgunsen	30·2	7·5
Liebermeister and Hagenbach	26·2	9·7
Rugel	20	4·3
Stöhr	20·7	6·6

To ensure success Brand's method should be rigorously applied from the beginning of the disease; sometimes the treatment will require from 50 to 200 cold baths. If the treatment be begun only when the pyrexia has reached its height or at an advanced stage of the disease, then the results are far less favourable. The duration of the disease is not lessened by this treatment; convalescence does not begin before the twenty-first day; it is, however, shorter and easier, free from accidents beyond an abundant crop of boils. Bedsores are always avoided (Huchard).

* Béhier: Bulletin de Thérapeutique, Janvier, 1874.
† Loc. cit. ‡ Union Médicale, April, 1874. § Loc. cit.

(To be concluded.)

BEQUESTS &c. TO MEDICAL CHARITIES.—Mr. W. H. Rawson, the retiring president, has given £1000 to the Halifax Infirmary. Mr. Edmund Stevens, of Farnham, has bequeathed £500 to the Royal Surrey County Hospital, Guildford. Mrs. Dorothea Heathcote, widow of the late Vicar of Leek, has conveyed £500 London and North-Western Railway 5 per cent. preference stock, by deed of gift to operate upon her death, towards the support of the Memorial Cottage Infirmary, Leek. The Rev. John Forbes, D.D., has bequeathed £500 each to the Royal Infirmary, Glasgow, the Western Infirmary, Glasgow, and the Perth Infirmary. The annual report of the Yeatman Hospital, Sherborne, acknowledges the receipt of £500 (less duty) under the will of Mr. William Sharpe. The Poplar Hospital for Accidents has received £100 from the Goldsmiths' Company. The Hospital for Diseases of the Nervous System, &c., Portland-terrace, has received £100 under the will of Mr. George Ballard.

A Mirror of HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

TWO CASES OF EPIDIDYMITIS, TREATED WITH ICE AND SMALL DOSES OF TARTAR EMETIC WITH EPSOM SALTS.

(Under the care of Mr. HULKE.)

Of the early sequelæ of gonorrhœa, there is none which occasions more suffering to the patient, or entails more trouble upon the medical attendant, than acute inflammation of the testis, or rather of the epididymis; and of all local measures recommended for its subdual, fomentations, alone or after leeches, are perhaps now in most favour. The employment of leeches, however, is discountenanced by some justly reputed authors, who allege that leeches often increase the swelling of the scrotum, whilst they do not materially shorten the duration of the attack. The practice of puncturing or making a cut into the inflamed organ with a bistoury for the purpose of relieving tension by division of the fibrous coat, originally recommended by Vidal de Cassis, and now advocated by some metropolitan surgeons, has not found many followers. The practice, in Mr. Hulke's opinion, is not so harmless as its chief advocate would have us believe; whilst it is, he says, incontestably inferior to the methodical application of ice—a measure which is harmless in itself, and superior also to fomenting and leeching. The caoutchouc ice-bags introduced by Professor Esmarch leave nothing to be desired. Mr. Hulke recommends that the scrotum should be elevated on a small, firm pillow put between the thighs, covered with one or two folds of dry rag (a precaution never to be omitted), and an india-rubber bag half filled with ice broken into small pieces laid upon it. Constant renewal of the ice, when it has melted, should be very strictly enjoined. This measure of itself will generally very quickly relieve the severity of the pain and great tenderness, so that after twenty-four hours the testis can not infrequently be strapped; but its influence will be considerably assisted by the administration of small doses of tartar emetic with sulphate of magnesia, repeated at short intervals until they nauseate and purge, when their exhibition should be stopped.

1. A short, thin, swarthy labourer, aged twenty-seven, had a clap. In the third week, when the urethral discharge had become gleety, he fell whilst lifting a sack of corn; and soon after this his left testicle swelled and became excessively painful. When admitted into Handel ward the tenderness and the painfulness of the testis were so extreme that he walked hesitatingly, straddling his legs and bending his trunk forwards, so much did he dread any contact of the thigh with the inflamed organ. The epididymis, particularly its tail, was the part which was inflamed, the testis itself being scarcely swollen. The scrotum was red and œdematous. The patient was ordered to bed, the scrotum was raised upon a cushion, and a caoutchouc bag of ice was placed on it. The man was enjoined to ask for renewal of the ice whenever he should find it had melted. One-eighth of a grain of tartar emetic, with one drachm of Epsom salts, in an ounce of water, were ordered to be taken every half hour until nausea and purging were produced, upon which they were to be discontinued. Next day the swelling was much less, the scrotum also was corrugated, and no longer red. There was no pain, and but very little tenderness, so that the patient could bear handling of the testis. He was ordered to continue the ice during this day, and in the evening to discontinue it. The ice-bag was to be left on the scrotum for some time after the last ice had thawed, so that the temperature might rise slowly. If any pain returned, the ice-bag was to be at once replaced. On the

third day the testis was strapped. Two days later, the strapping having become very loose, it was renewed; and on the sixth day after entering the hospital he was discharged convalescent as regarded the epididymitis. The testis with its epididymis was soft, neither tender nor painful, and scarcely appreciably larger than its fellow.

2. A porter, aged twenty-one, was admitted into Forbes ward on Dec. 5th with the right testis, but especially its epididymis, very swollen, tender, and painful, and the scrotum red and œdematous. Upon the front of the testis was a particularly tender fluctuating spot, with hardness around it. There was a thin, gleety, urethral discharge, and the patient was ordered to take the same mixture as in the last case, at intervals of half an hour. After ten doses he was sick and purged, and the medicine was discontinued. The scrotum was raised on a pillow, and an ice-bag was placed on it. Next day the swelling, redness, pain, and tenderness were very much less. On Dec. 8th the fluctuation was not so apparent. On the 11th no fluctuation could be detected. The pain and tenderness had quite gone for a couple of days. The testis was strapped, and the strapping was subsequently twice renewed. On the 18th the patient was discharged convalescent.

In this case, in consequence of an abscess threatening (an unusual circumstance), the ice-bag was kept on longer than in the first case, and, as the result showed, with the happiest effect.

LONDON HOSPITAL.

CASE OF THE PITYRIASIS VARIETY OF CONGENITAL XERODERMA.

(Under the care of Mr. HUTCHINSON.)

AN unusual example of that form of xeroderma which is wholly unattended by thickening of skin or by papillary growth was brought before the class on Thursday last. The patient, an old man aged sixty-one, had been sent by Mr. Herman from the Whitechapel Workhouse. He was covered from head to foot with thin dry scales, like flakes of tissue-paper. The face was almost exempt, as also the hands, feet, and scrotum; but these were almost the only exceptions. At the flexures of the elbows and thighs, and between the scrotum and thighs, precisely the parts most frequently affected by eczema and intertrigo, the skin was free from scales, but it was not normal, being glossy and polished. The man's explanation of this was that the scales had been rubbed off by the friction of the parts.

Mr. Hutchinson remarked that the case was an example of a congenital form of skin disease, or perhaps of skin malformation, which presented certain varieties, and was known under different names. Mr. Startin used to call it congenital pityriasis. In most books it ranks as one of the forms of ichthyosis, and Mr. Erasmus Wilson, recognising the feature of morbid dryness which is constant in all its varieties, has proposed the convenient name of xeroderma. The points to be remembered respecting it are that it is always congenital, although liable to aggravation in after-years; that it usually affects several members of the same family, and that it is not caused by any known diathesis or state of ill-health. In different cases different anatomical structures of the skin are concerned. In some the epidermis only is affected, or it is the part chiefly affected, as in the case under inspection; but in most instances the papillæ and the cutaneous glands also suffer. If the papillæ grow much they present long spine-like projections, which become covered with epidermis and sebaceous secretion, and constitute the porcupine or hystrix form of ichthyosis. If, however, the papillæ and glands remain quiet, then the condition is simply one of dryness with constant epidermic exfoliation. Of this variety Mr. Hutchinson said he had never seen such a marked and at the same time uncomplicated an example as in the case before the class.

In illustration of the hereditary character of the condition, Mr. Hutchinson mentioned several series of cases in which three or more brothers and sisters all suffered, and others in which it was known to have been present in several generations. A want of development of both sudoriparous and sebaceous glands might be supposed to be an important part of the condition, for the patients never have skins normally supple or oily, and almost always complain that they cannot sweat. In some cases the palms and soles suffer, but in others they are free. In degree, the malady varies within wide ranges, being in many instances nothing more than a slight harshness of the skin. In a few cases of exceptional severity, there is observed a tendency to contraction of the skin, which becomes rigid, like parchment; and this state, when occurring in the face, may draw down the eyelids and produce great deformity and annoyance. In the less severe cases the patients do not usually suffer much inconvenience, and as, in a large majority of cases, the face and hands are exempt, the patients are not materially disfigured. The only treatment which is useful is to supply artificially that which is deficient—some unguent to the skin. In the man whose case gave rise to these remarks the history was, that the condition had existed from the earliest infancy, and that it had not of late years got either better or worse. A brother of the patient was in a similar condition, whilst their only sister was quite free. The man had two children, both of whom had healthy skins, and he was not aware that any of his predecessors had suffered. He had not observed that his state varied much with different seasons of the year, but he had noticed that in the hottest weather he very rarely perspired.

ST. GEORGE'S HOSPITAL.

OLD ULCER OF LEG; SKIN-GRAFTING; PECULIAR BEHAVIOUR OF ENGRAFTED SKIN.

(Under the care of Mr. PRESCOTT HEWETT.)

THE following case—for the notes of which we are indebted to Mr. William H. Bennett, house-surgeon—is an interesting one, and illustrates a curious law of cutaneous efflorescence, absorption, or ulceration, which was first clearly defined by Hebra. Its manifestations are perhaps best seen in psoriasis, but are often equally clear in other skin eruptions. "If," says Hebra, "two or more patches of a cutaneous affection come into contact as they increase in size, their further advance is checked at the points where they meet. Thus, so far from the one ring passing within the other, and their both continuing to spread (as might be expected to occur), neither of the two segments is formed. Where there are two rings, a figure of 8 is the result; where there are three, one resembling a trefoil. The figures thus produced may still continue to enlarge, and may again coalesce with any fresh rings which they may meet." It is scarcely possible to fail to observe that the same law which governs the development and spread of psoriatic patches determined the growth of the skin-grafts and their eccentric disintegration.

J. W——, aged sixty-four, a gardener, was admitted on Sept. 16th, 1874. Twenty-five years ago the patient struck his right leg, and knocked a small piece of skin off the shin. At this spot an ulcer formed, which had never healed. During the last two years the sore had rapidly increased in size. The man stated that he never had syphilis, and had always been healthy, with the exception of this wound on the leg.

On admission, there was a large excavated ulcer on the inner side of the right leg, discharging a great quantity of foul-smelling pus. The sore extended upwards from the ankle for about 6½ in., and was about 3½ in. wide. The granulations were pale, the edges elevated, hard, and fibrous. The veins at inner side of knee were varicose. The urine was normal. The leg was dressed with carbolic lotion, and the patient was ordered a draught containing tincture of the perchloride of iron three times a day.

By Sept. 21st the wound had cleaned sufficiently to allow skin to be transplanted, and accordingly six pieces (two of which were taken from the patient himself, and the remainder from a healthy student) were engrafted on the ulcer, and retained in position in the usual way.

At the end of a week, on examining the transplanted pieces of skin, they were found to have "taken" remarkably well. From this time each graft seemed healthy, and grew rapidly, until it became the size of a shilling. A peculiar process now began in these "plants." The centre of each was slowly absorbed, until the ulcer presented the appearance of six whitish rings painted on a red ground. Notwithstanding the absorption which was thus occurring in

the centre of each patch of new skin, the patch itself went on increasing in size at its circumference, so that day by day each ring became larger. Matters went on thus until each ring, after a time, came into contact with its neighbour, and when this occurred the portion of each ring at the point of junction was absorbed, a dumb-bell shaped figure being the result. Even after the rings came into contact they continued to increase.

As these changes were taking place in the transplanted pieces of skin, the margins of the ulcer were steadily healing, the wound being surrounded by a bluish line of newly-formed cicatricial tissue, about half an inch wide. As the rings above-described grew of sufficient size to meet the healing margin of the ulcer, the process of absorption which was acting on their centres spread to the newly-formed cicatrix at the edge of the sore, and this was gradually removed until the ulcer was brought to the same size as on the patient's admission.

Notwithstanding what had occurred, a further trial was decided upon, and two additional pieces of skin were transplanted three weeks after the first. These were placed near the edge on one side of the ulcer, and step by step the same process occurred in them as took place in the first grafts.

No further attempt has been made to heal by means of transplantation, and the ulcer is now very slowly healing. It is dressed with an ointment containing the following ingredients: thirty drops of dilute hydrocyanic acid, half an ounce of prepared chalk, to three ounces of spermaceti ointment.

CHRISTCHURCH HOSPITAL, CANTERBURY, NEW ZEALAND.

STRICTURE OF THE URETHRA.

(Under the care of Dr. COURTNEY NEDWILL.)

THE value of immediate dilatation of urethral strictures is very well shown in the following series of cases. In five of the cases dilatation by the gradual process was, in Dr. Nedwill's opinion, out of the question, on account of the irritation caused by using bougies, while in all the cases immediate and perfect relief from the annoying symptoms was obtained by the procedure of immediate dilatation. Two of the cases—Nos. 6 and 7—did not appear suited for the operation; they were, indeed, just the cases where bad symptoms might have been anticipated after any operative procedure; yet they did exceedingly well.

CASE 1.—C. S——, a sailor, aged forty-seven, admitted on Jan. 7th, 1874, suffering from difficulty in passing water, loss of appetite, and restless nights. He had been treated in several hospitals, and in the *Dreadnought*, for stricture, but he says that a larger sized catheter than No. 7 was never passed. He stated that he was quite unable to follow his occupation. On passing a No. 4 bougie, a stricture was found in the membranous portion of the urethra. At intervals of two days bougies up to No. 7 were passed, but No. 8 would not pass. Dr. Nedwill then used Sir H. Thompson's dilator, and left a No. 12 catheter in the bladder for twenty-four hours. Three days afterwards he again passed a No. 12, and again in ten days. On March 2nd, the date of the patient's discharge, and three weeks from the last catheterism, a No. 12 bougie was introduced with ease. This man never had a bad symptom. He gained flesh, and felt, he said, better than he had for years.

CASE 2.—W. B——, a cook, aged thirty-five, admitted on February 23rd, 1874, with stricture of urethra, anterior to the bulbous portion. He had been suffering for years with difficult and frequent micturition. After a prolonged attempt a No. 1 elastic bougie was passed, but two days afterwards and on a subsequent occasion Dr. Nedwill failed to get one through the stricture. When the man had a week's rest, a No. 1 was passed, and at intervals of two days Nos. 2 and 3; the latter, however, was followed by smart hæmorrhage and such a severe shivering fit that it was determined to try Sir H. Thompson's dilator. Under chloroform the dilator was passed with difficulty, and a No. 12 catheter was left in the bladder for twenty-four hours. On the 26th March, when the patient was discharged, a No. 12 was passed with ease. Six weeks afterwards a No. 12 was again passed.

CASE 3.—D. P——, butcher, aged thirty-seven, was admitted on March 1st, 1874. He had for years, at intervals of a few months, suffered from complete retention of urine, relieved generally by rest and warm baths, but occasionally by catheterism. He had been under treatment for cure of stricture on several occasions, but was never benefited, and came to the hospital with many false passages. A No. 1 bougie was passed, and a long tortuous stricture, anterior to bulbous portion, was found. After a rest of four days a No. 2 was passed, and at next trial No. 3, but this was followed by severe shivering and retention of urine for several hours. Under chloroform Sir H. Thompson's dilator was used, and the instrument was passed through the stricture with great difficulty. The patient went on satisfactorily, and was discharged on March 31st. Thirteen weeks from the date of his discharge he again presented himself, when a No. 12 bougie was easily passed.

CASE 4.—S. M——, carpenter, aged thirty-three, admitted on March 23rd, 1874, with stricture of membranous portion. As Dr. Nedwill had, on a former occasion, been unable to dilate this stricture by the gradual process beyond No. 7, he at once used Sir H. Thompson's dilator, and left No. 12 catheter in bladder for twenty-four hours. The patient was discharged on March 30th. After his discharge a No. 12 bougie was passed at intervals. On the last occasion the interval was twelve weeks from the previous introduction.

CASE 5.—H. V——, a sailor, aged twenty-one, was admitted on March 31st, 1874, with two strictures, one about 2½ in. from the meatus, and the other in the membranous portion. He had been, he said, in the Dunedin Hospital, but received no benefit. As the first attempt to get in a No. 1 bougie was unsuccessful, the catheter was tied in at the second attempt, and left in the bladder for twenty-four hours. On its withdrawal a No. 2 was passed, and after other intervals of two days each, Nos. 3 and 4. Sir H. Thompson's dilator was then used. From this time until his discharge on April 28th, when a No. 12 bougie was passed, he was quite free from all distressing symptoms, including frequent micturition.

CASE 6.—A. B——, aged thirty-eight, had an old-standing stricture of fully an inch long in the bulbous portion of the urethra. About six years ago he underwent the process of gradual dilatation; but his symptoms soon returned. When he applied to Dr. Nedwill the stream was very small, he was called upon every half hour or so to make water, his nights were very bad, he had lost both appetite and flesh, and his appearance was altogether most anxious-looking. Shivering fits were also of frequent occurrence. On examining the perineum with the finger the urethra for some distance felt like a hard cord. At the first trial only a No. 1 bougie could be got through the stricture. This was held most firmly. On a second attempt, three days afterwards, a bougie of the same size passed with the greatest difficulty, and was tied in for eight hours. On its withdrawal a No. 2 was passed. This was also tied in, and so on at intervals until No. 4 was reached. Each bougie was, however, held so tightly that the patient begged to be operated on; and accordingly Sir H. Thompson's dilator was used. After using this instrument a No. 12 catheter was passed, but it could only be borne in the bladder a few hours. From this time the patient went on well. A month from the previous introduction No. 12 again passed easily.

CASE 7.—H. W. R——, aged forty, was first seen in December, 1871, for abscess in the perineum from the urethra giving way behind a stricture anterior to the bulbous portion. The fistula closed on gradual dilatation of the stricture, which was carried up to No. 12. The patient was lost sight of until a few months ago, when he was suffering in the same way as in 1871. Two abscesses which had formed in the perineum were opened, and left two fistulæ. After waiting until all inflammatory tendency passed off, gradual dilatation was begun with No. 1 bougie; but the urethra was in such an irritable condition that it was not deemed prudent to go beyond No. 5. Sir H. Thompson's dilator was therefore used, and a No. 12 catheter was left in the bladder. This had, however, to be removed in the course of a few hours, on account of severe shivering and vomiting. From this time there was not a single bad symptom. No urine came from the perineum, and in September last (four weeks from previous catheterism) a No. 12 passed without any difficulty whatever.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

THE meeting of this Society on the 11th inst., Victor de Méric, President, in the chair, was characterised by a most interesting discussion on Mr. Bryant's valuable paper, and certainly the points brought forward were such as should be constantly borne in mind by every practical surgeon.

The proceedings opened by Mr. HENRY SMITH relating the particulars of a case of Malignant Tumour occurring in the leg and necessitating amputation. The patient was a gentleman, aged fifty-one, who was intensely gouty. Six months previously to Mr. Smith's seeing him, a small swelling had been noticed at the middle third of the front of the leg, which was painless, but had slowly increased. A puncture had been made by a country practitioner, but nothing but a little blood had been evacuated. Mr. Smith, on being called to the case, found a soft, somewhat flattened swelling, about the size of a medlar, situated over the front of the tibia, adherent to the skin, and gradually sliding off to the bone. He pronounced it to be a malignant growth, and recommended that an attempt should be made to remove it, and, if necessary, amputation should be performed. Another London surgeon was consulted, who agreed with Mr. Smith, but strongly advised amputation through the knee-joint, as giving a better chance of the non-recurrence of the disease. Mr. Smith, however, was inclined to favour the view of amputation below the knee, as there was plenty of room to do so, but eventually he amputated through the knee, sawing off the condyles. The patient has gone on well since the operation. The tumour, on examination, was found to be of a medullary character, involving the bone extensively on its surface, and extending deeply down, only, however, for a very limited space, into the medullary membranes, there being several inches of healthy bone between it and the knee. Mr. Smith was anxious to learn the opinion of the fellows upon the question, as to whether it was the better plan to amputate in such a case through the continuity of a healthy bone, or to cut beyond it through the joint, as eminent surgeons differed in their opinion with regard to this point. He thought it was a very serious matter to settle, for the mortality after amputation of the thigh in patients past the prime of life is known to be greater than when the operation is performed below the knee.—A discussion followed, in which the PRESIDENT, Mr. MAUNDER, Mr. BRYANT, Mr. GANT, and Mr. ROYES BELL took part, these surgeons, with the exception of Mr. Bryant, being of opinion that amputation through the knee-joint in these cases was preferable to taking off the limb in the continuity of the bone diseased.

Mr. BRYANT then read a paper on "The Least Sacrifice of Parts," the first portion of which will be found at p. 117. In the discussion which followed, the PRESIDENT, after thanking Mr. Bryant for his paper, asked according to what principles were the cases dressed, and whether Mr. Lister's system was employed?—Mr. ADAMS said that in the earlier days of surgery amputation was always the rule, and that Sir Benjamin Brodie, followed by Mr. Syme and Sir William Fergusson, had led the way to the change in the practice. The speaker thought incision, as advocated years ago by Mr. Gay, would supersede excision, and entirely agreed with Mr. Bryant in the views expressed in his paper.—Mr. HENRY SMITH thought the principle brought forward by Mr. Bryant was one which all surgeons recognised; he had been taught it himself for many years. He considered the practice of incisions into suppurating joints to be a very important one, but was surprised Mr. Bryant had not mentioned Mr. Gay with reference to it. He was of opinion that with regard to cutting through diseased and infiltrated parts which may be correct in many instances, the question of pyæmia had been overlooked.—Mr. MAUNDER stated that in operations on the foot it was often necessary to sacrifice more bone than was apparently necessary in order to get a loose cicatrix, as a tight scar was not desirable on the foot or hand.—Mr. GANT entirely concurred with Mr. Bryant; he dwelt on the pathological part of conservative surgery, and mentioned the term "pathological surgery," which he himself originally proposed in 1857. He said there were a great many operations on the foot, but they might be multiplied *ad infinitum* if practice was followed out according to pathology, and related a case in point.—Mr. BRYANT in his reply stated that he did not employ Mr. Lister's plan; he used dry lint and cotton-wool, though with no idea of any germ theory with the latter. Mr. Gay had been mentioned in his paper, but in a part which had been omitted through want of time.

The meeting then adjourned.

PATHOLOGICAL SOCIETY OF LONDON.

THE meeting of this Society was held on Tuesday, the 19th inst., Mr. George Pollock, the newly elected President, in the chair. The attendance of members was very large, attracted no doubt by the prospect of hearing the address of the President. The cases shown were also of unusual interest, and excited considerable discussion.

Mr. GEORGE POLLOCK, after thanking the members of the Society for the honour they had conferred upon him in electing him President, and having referred in graceful terms to the retirement of his predecessor in the Presidential chair, went on to say:—"I hope I shall not be thought wrong in asking your attention for a few minutes to a point I am anxious should receive your careful consideration. I refer to the period of tenure of the chair by the President, and my object in introducing the subject to your notice at the earliest opportunity is that you should have ample time to consider and discuss it ere the advent of another annual meeting. The laws of the Pathological Society were to some extent copied from those of the Medico-Chirurgical. Now, the Medico-Chirurgical Society was established in 1806, when the population of London was small, compared with the present. We were established in 1846. The population was then something over two millions—it was 1,948,417 in 1841. It is this year very little short of three millions and a half. In 1841 the number of the medical profession returned in the Census report as resident in London was 4560. In 1871—four years ago—the return given was 5974. So that we may safely take them this year at 6000, an increase of about 1500 since this Society was established. A deduction must be made from the original numbers, for they include medical students and assistants; but subject to this deduction, it is very evident that the absolute increase of medical men in London has been very considerable during the last thirty years. I am desirous of impressing these facts upon you, as the inferences to be drawn are to be based in some measure on these calculations. Since 1846, and consequent on the increase of the population and the demands of the public, other changes have occurred, which in my humble opinion render a revision of our regulation relative to the president's tenure of office still more desirable. New hospitals and dispensaries have grown into existence, and at most, if not at all, the older-established hospitals many additions have been made to the staff of the general and special departments. With this increase of population, with this addition of hospitals and augmentation of staff appointments, there has been not only a proportionate increase in the number of physicians and surgeons in London, but also in the number who have joined this Society in recent years. When I ask you to consider the proposition I have thought it desirable to introduce, these facts, I think, should weigh in your deliberations, and somewhat influence the decision you arrive at. When a Society is first established, it may be an advantage that the president should not be too frequently changed, for the comparative number of seniors to juniors would, as a rule, be in favour of the latter, and the selection of men of sufficient age and professional experience and distinction would probably be somewhat limited. But as a Society advances in years so it naturally increases in numbers, and if continued to be ruled by our present custom as regards the president, the proportion of seniors eligible for office would also probably increase, and it occurs to me that our custom should, therefore, hereafter be "more honoured in the breach than the observance." To illustrate my

views more clearly, it has occurred to me that I could not do better than bring to your notice facts in connexion with the list of members who joined this Society during the first few years of its establishment. It will, I believe, interest you to learn what the results are, as far as I have endeavoured to analyse them. In 1845, the Society was founded by a certain number of medical men, who are now distinguished as "original members." Of these, in twenty-eight years, only eight have had the honour of presiding here. Twenty-one survive, exclusive of those who have passed the chair, and among them are several names worthy of presidential office. Of those elected in 1846 but eight members survive, and it is only this year that a president has been selected from that number. Of those elected in 1847 twelve survive. No president has been elected from members joining that year. Of those elected in 1848 nine members survive, and that year has given us one president. Of those elected in 1849 three alone survive. One president has been chosen from those who joined with that small number. Of those elected in 1850, eight survive, and that year has not yet provided us with a president. From amongst those who joined subsequent to 1850, one president has been elected from the members of 1855, and when I mention the honoured name of Sir Thomas Watson as the member alluded to, we cannot be surprised that some who joined prior to his year had their claims deferred. So far, then, 1855 is the latest year from which a president has been elected. This year you have fallen back on 1846, a period of nearly thirty years! There are still some fifty or sixty members living, elected prior to 1851, exclusive of those who have served the office of president. It would be invidious on my part to individualise from that number, but if you will take the trouble to examine that list for yourselves, I feel sure you will all acknowledge that there are among them many names most eligible for that honour—names which should hereafter adorn our list of past presidents, and some of which, in my humble opinion, it would be a loss and injustice to the Society to pass by. But a stronger reason appears to me to present itself in support of the change suggested. The Society has become so deservedly popular that several senior and distinguished members of the profession who held aloof at its commencement have since come among us, and have done good work in the Society. If any of these are to be elected president, and I most sincerely trust for the sake of the Society that they will be, under the present rule of the president holding office for two years, many of those to whom my former remarks apply—our senior members—must necessarily be passed over, for their election could only come at an age when, as has been expressed by a great writer, 'Yet is their strength then but labour and sorrow.' With the work this Society has done, and the time it has been established, may it not occur to some who succeed us that new methods and systems of pathological research and investigation might be advantageously instituted and encouraged? The daily advance of science, the frequent new and important results of chemical investigation, the vast improvements in mechanical appliances which facilitate the more minute and perfect examination of all organic and inorganic structure—all strongly point in this direction. We have a great field of inquiry before us—many obscurities to clear up, and many mysteries to fathom. The late valuable and important discussion on cancer is evidence of what I say. From the time when John Hunter wrote on the subject to the present day, the question of the local or constitutional character of cancer has given rise to various conflicting opinions, and to not a few advocates of either theory. Are we not, however, still as much in the dark as to the causes, the complications, the clinical results, and last, though not least, the prevention or the eradication of this most formidable, most merciless, most unmanagable of all bodily afflictions? Under the circumstances stated, men in the vigour of life—not so young that they should be wanting in experience and professional weight, nor so old that they should be occupied too earnestly or too constantly by the demands of private practice—men physically free from the too deep impressions of "the sear and yellow leaf"—such men, it appears to me, would but promote, as presidents, the objects and intentions of this Society. If you should decide that the president be annually elected, and so promote the more rapid instilling of fresh blood in the presidential system, will you not more certainly secure the foundation of future benefits for those who come after us, and, by so doing, advance the important end for which we work? I have thought it right, gentlemen, to introduce this proposal of the annual election of your president at the earliest opportunity which offered itself, not only that you should have ample time to consider it well before another annual meeting—for there may be many opinions and reasons to be taken into consideration for and against the proposal—but especially that your Council should not be fettered by any feelings of delicacy in dealing with the question, as far as I am individually concerned. I have endeavoured to place the subject before you as concisely as appeared to me compatible with its importance. You will allow that I can have no personal interest in the proposal, nor have I any object in view but the prosperity of the Society and the advancement of pathological research. The one is the sequence of the other, and whether I am your president for one or two years, I hope I shall not be wanting in my efforts to sustain either interest. Whatever the result, my earnest hope is, that whenever the termination of my official career arrives, you will have no reason to regret the selection you made at our last annual meeting."

Mr. WAGSTAFFE exhibited two specimens of Papillomatous Tumour of the Tongue, with drawings and microscopical sections. The first was removed from the tongue of a child three years old, in whom a lump had been noticed on the dorsum of the tongue since the child was six months old. It was said to have followed a fall, and had increased in size steadily, varying a little in colour. For about a month before the child came under Mr. Wagstaffe's care she had been suffering from difficulty in deglutition, and dyspnœa, especially at night. When seen twelve months ago there was a papillary growth on the dorsum linguæ, commencing at one and a half inches from the tip, and extending backwards for about an inch, projecting a quarter of an inch from the surface. After admission she became worse, and as respiration was embarrassed by the growth it was removed on the 17th of September, 1874. Microscopical examination showed that its structure was that of an ordinary papilloma in its more superficial parts, which were composed of greatly hypertrophied papillæ, containing numerous bands of wavy fibrine, and a good deal of actively proliferating tissue. The deeper parts, however, consisted of a cavernous structure, with numerous cavities containing blood, and appeared to be the remains of a nævoid growth, on which the papilloma had been engrafted. Mr. Wagstaffe called attention to this condition as being one not unfrequently found in a less degree over nævi affecting mucous surfaces, but not to the extent seen in this specimen. —The second case was one of interest from its doubtful nature, appearing to be intermediate in structure between epithelioma and papilloma. The patient from whom it was removed was a man 50 years of age, from whom the growth was removed on April 6th, 1874, by the galvanic écraseur, a considerable portion of the tongue being removed with it. It appeared that about 22 years ago the patient first observed some white patches on his tongue, of a warty character, which increased in size, although picked off from time to time, until they formed a sort of nodulated cauliflower mass on the surface of the tongue. In 1868 he came under the care of Mr. Jonathan Hutchinson, who made a drawing of the tongue, and regarded the growth as probably of syphilitic origin, with possibly the development of cancer subsequently. Mr. Hutchinson destroyed the growth, but it had since grown to the present size, and formed a large cauliflower mass, resembling a true papilloma superficially, and free from ulceration or discharge; in fact, resembling a number of warty growths massed together. The submaxillary lymphatic glands on the right side were considerably enlarged, but these receded after the operation, and there has been no recurrence of the growth. Examination of the growth showed that it involved the right side of the tongue from the tip for about three inches backwards, encroaching on the left half near the front. The rest of the tongue was much fissured and indurated. Microscopically, there were found great hypertrophy of the papillæ, with excessive development of epithelium, in which were numerous birds'-nests and pus-cells, resembling those found in their interior, together with numerous leucocytes, in the papillæ proper. There was no invasion of the epithelium into the submucous tissue, but a great increase in the nuclei and numerous leucocytes. The growth was therefore essen-

tially a papilloma. There was a distinct history of syphilis.—Mr. HULKE thought, with reference to a remark made by Mr. Wagstaffe on the occurrence of birds'-nests in the scrapings from the surface, that no value attached to them, as they may be found in the epithelium around callous ulcers, &c.—Mr. WAGSTAFFE agreed with Mr. Hulke, as he had found similar ones in the scraping from the mouth of a healthy person, but he attached more importance to the central or so-called "egg" cells.—Mr. BRYANT suggested a doubt as to whether it was wise to describe this growth, which required a serious operation for its removal, and which appeared to be somewhat malignant in its nature, by the term "papilloma," which is employed to designate an innocent non-malignant growth. Such a course would tend to confuse the nomenclature of such tumours.—Mr. HENRY MORRIS inquired whether the remainder of the dorsum of the tongue presented the harsh white silvery appearance seen in one part of the drawing, such as is called ichthyosis or tylosis.—Mr. WAGSTAFFE, in reply, said that the surface of the tongue was much thickened, and that the growth seemed to have started from a large surface. Whatever view might be entertained as to the nature of the growth and its origin, whether syphilitic or no, the treatment by complete removal was undoubtedly the right one.

Mr. SYDNEY JONES exhibited a living specimen of Congenital Dislocation of both Hips. The patient was a young lady, seventeen years of age, who came under his care in August, 1873. She had been previously treated for spinal disease, the true nature of the case not having been recognised, and the curve in the lumbar region being only such as is usually found in congenital dislocation of the hips. The mother stated that she had been thrown from a carriage whilst carrying the child, but the labour was easy and natural. On examination it was evident that there was a dislocation of both hips; the trochanters were prominent, and were drawn upwards and backwards towards the crest of the ilium. By manipulation or extension the length of the limbs could be increased by an inch and a half, but they speedily returned to the former condition. There is inversion of the thighs, and the splay-foot usually seen in such cases. Very little inconvenience is experienced, and no pain; the patient can walk five miles a day, walking with the peculiar rolling gait usually seen in the disease, which has been observed from the earliest efforts at walking. Treatment by means of mechanical extension has had only a temporary effect. — Mr. HOWARD MARSH made some very interesting comments on the case. He said that he thought these cases require further study, as there is no doubt that several distinct pathological conditions are included under the term "congenital dislocation." In many of these cases the disease is not really congenital, but is dependent either on abscess in the hip-joint or fracture occurring in early childhood. These, however, are usually on one side only, and occur most frequently in boys. Such cases as that exhibited are, however, of the typical form, and occur frequently in girls. No dissection has as yet been made which shows that they are due to a congenital malformation. In a case which Mr. Marsh saw recently the disease appeared to be hereditary; the mother had been examined by Sir Benjamin Brodie, who told her that she had congenital dislocation of both hips. When seen by Mr. Marsh she could, at will, jerk the trochanters upwards for two inches and a half by the action of the glutei, and again let them fall. Her daughter had also a similar disease; the trochanters were almost as high as the crest of the ilium, but they were fixed close to the anterior superior iliac spine. An examination of the literature of these cases showed that many recorded cases were very doubtful in their nature.—Mr. MORRANT BAKER related the case of a boy who was brought to him with symptoms closely resembling those of congenital dislocation of the hips. On inquiry, however, it was found that he could walk quite well till a month before, when he had been put astride a horse by his father; he then suffered from pain, followed by inflammation and dislocation of the hips; abscesses formed, and he subsequently died. No post-mortem examination could be obtained. But had he lived the case would no doubt have been regarded as one of congenital dislocation. —Mr. NUNN mentioned the observations of Charcot on spontaneous dislocation in his patients at the Salpêtrière, in which he believed it was shown to depend on nervous disease. Mr. Nunn suggested that some of these cases might be due to a paralysis of some of the nerves of nutrition of the muscles about the hip-joint occurring in early life.—Mr. HOWARD MARSH said that in ten cases which he had collected there was no trace of disease of the nervous centres. Dr. Dolbeau, in a recent paper, had suggested that the condition was probably not congenital, but dependent on a condition of the nerves in childhood. Mr. Marsh, in reply to the President, said that he had never met with a deficiency in the acetabulum, but there was a preparation in St. Bartholomew's Hospital in which it was very shallow and atrophied.—Mr. SYDNEY JONES, in reply, said that where the dislocation occurs in early childhood, the acetabulum becomes subsequently filled up by a growth of fibrous tissue, and atrophy also occurs, which accounts for the cavity becoming shallower. A projection backwards of the sacrum is noticed very early in these cases, and was noticed early in this case; and Mr. Jones inquired whether this had anything to do with the occurrence of the deformity, or whether it was merely an associated condition.

Mr. SYDNEY JONES brought forward a living specimen of Dilatation of the Lymphatics of the Leg associated with a condition of elephantiasis, which excited considerable interest. The patient was a labourer thirty-one years of age, who was admitted into St. Thomas's Hospital on Nov. 2nd, 1874. There was no history of syphilis; the man had never been out of England; and there had been no damage to the limb. He stated that seven years ago the right thigh had begun to swell; there was no pain, but knotty-looking swellings soon began to form at the back and inner part of the thigh, and in the cleft between the buttock and the thigh. When admitted he had swellings on the back and inner part of the thigh, resembling varicose veins, but situated further back than is usual with them. They were of a pinkish colour; were emptied by pressure, filling again on removal of the pressure. They frequently discharged a white milky fluid, sometimes as much as one or two quarts a day, at intervals varying from a week to a month. This has only occurred during the last twelve months. The skin over the toes and the lower third of the thigh is tuberculated and brawny, and elsewhere there are hard prominent spots which occasionally discharge. The glands in the left groin are enlarged, but not in the right. The right limb is larger than the left throughout, and the swelling is increased by a dependent position. Several curious attacks of inflammation of the thigh and leg have occurred; these are usually preceded by some febrile symptoms; then whitish tuberculated prominences, looking like distended lymphatics, appear; subsequently they become red, like inflamed lymphatics, and then obscured by a diffused redness throughout the whole length of the leg, desquamation following. The whole process called to mind Billroth's account of erysipelas. In one attack the temperature rose to 102·2° F., in another not above 98°. At other times the vessels resembling enlarged lymphatics become distended, then a discharge of chylous fluid occurs, followed by relief of the respiration, which was previously oppressed, and by a sense of great hunger. The fluid had been examined by Dr. Bernays, who found that it showed microscopically a large number of minute granules (which gave it the milky character), some lymph-corpuscles, and a few red blood-corpuscles. It consisted of 92 parts of water to 8 of solids; it contained 4·27 per cent. of fat, and the serous liquid left after its coagulation was alkaline, and contained more than 6 per cent. of albumen. The treatment adopted was chiefly rest and elastic pressure by bandages, together with the internal administration of ergot. — Dr. DAY detailed a similar case, which he has recorded in the Transactions of the Clinical Society, which presented a history and character very similar to the present case. The treatment adopted had been simply rest.—Mr. MORRANT BAKER stated that the patient shown by Mr. Sydney Jones had been in St. Bartholomew's Hospital, and had been discharged for misconduct. He had also been in University College Hospital previously. (The patient had stated that he had not been in any hospital before.) An important question was whether the fluid was chylous or lymphatic; if lymph, it should be colourless. Was it due to obstruction of the thoracic duct or of the lymphatics?—Dr. FAYRER thought he could throw some light upon the nature of the disease from what he had seen in India. In 1866 he had described what he called "nævoid elephantiasis," which had, however, been better named by Dr.

Vandyke Carter. This condition of the lymphatics, although occurring with elephantiasis, is not necessarily elephantiasis. He referred to the discovery by Dr. Lewis that chylous urine is associated with the presence in the blood of a filaria, and the condition is usually combined with this condition of the lymphatics of the scrotum, which may extend to the groin and thigh.—Mr. WAGSTAFFE related a case of elephantiasis resembling the preceding. In this case there was no dilatation of the lymphatics, but a discharge of fluid like buttermilk, lasting for two months. In this case a large hydatid cyst in the groin, from which nearly two pints of fluid were evacuated, which had since reaccumulated once or twice, seemed to be the cause of the disease. There was no trace of chyle in the urine, but the fluid from the leg contained much albumen and lymph-corpuscles.—Mr. BECK gave some details of Mr. Jones's case when in University College Hospital four years ago, under Mr. Marshall's care. The theory then adopted was that the lymphatics were dilated up to the thoracic duct, and the fluid was believed to be chyle and not lymph. Rest in bed, bandaging the limb, and pressure by sutures were the measures employed, but with little success.—A committee, consisting of Drs. Fayrer, George Harley, and Burdon Sanderson, was appointed to examine the case.

Mr. SIDNEY JONES exhibited a case of Disease of the Knee-joint, in which suppuration had occurred, probably with mischief in the bones. After five years' rest, chiefly in bed, the joint recovered, but when he tried to walk it was found that he was still lame, and this condition was found to be due to lengthening of the limb to the extent of an inch and a half. The lengthening was found to be equally divided between the femur and the tibia. Mr. Jones ascribed it to the increased afflux of blood to the limb, owing to the inflammation about the knee-joint; he had found in cases of excision of the knee that the shortening is often less than should have occurred. A similar hypertrophy he had seen occur after damage to a toe.

The meeting then adjourned.

Reviews and Notices of Books.

English Men of Science, their Nature and Nurture. By FRANCIS GALTON, F.R.S. Pp. 270. London: Macmillan. 1874.

THIS book is rather a disappointing one. It is fragmentary and disconnected, and we cannot but think that the author would have done better to have accumulated larger material, and either have much enlarged it, or, if we may use a slang phrase, "boiled it down" to smaller dimensions. It certainly does not satisfactorily fulfil the promise made in the first page—namely, that it will describe the earliest antecedents of English men of science of the present day, "including the hereditary influences, the inborn qualities of their mind and body, the causes that first led them to pursue science, the education they received, and their opinions on its merits." If the principal men of the day had been taken up in succession, and each of the above points had been carefully worked out, much interest would have attached to the work, but we have here a number of shadowy personages indicated by numbers who have returned answers to questions forwarded to them by Mr. Galton, who makes a few excerpts from each. No doubt if the individual were known to the reader, or if the whole category of questions and replies were given, it would be very interesting, and to Mr. Galton himself it must have been so; but to read that some *savant* thinks so and so of himself is utterly useless to the outsider. To give an example. One of the most interesting points in connexion with a man of science is to know whether he has a good memory. From our own observation we should say that scientific men have always good memories, especially in regard to their own subject, but we have constantly met with men who will say that their memory is bad, not because it is really bad, but because it is not so good as that of some friend whose knowledge is wider or more accurate than their own; and we submit that no advantage results from learning that No. 4 has a "strong local memory, especially of scenery"; that 6 has a great memory for faces and objects once seen. Who are 4 and 6? What are they? Biologists, mathematicians, chemists, or what? In what relation do they stand to No. 4 in another part of the book, who states that his father was in a marked degree independent in thought, as he held Jacobite opinions when it was not very safe to hold them; and to another No. 4, who replies that the religious creed he was educated in had no deterrent effect on the freedom of his research? The grain of wheat in this bushel of unsifted chaff is the broad result at which Mr. Galton has arrived—namely, that the memory is defective in the owners' opinion in one case in fourteen.

Notwithstanding these defects, there is still much interesting information in these papers. In the first place Mr. Galton shows, and illustrates it by a map, that the birthplaces of scientific men or their parents in England are distributed to the extent of 92 per cent. over a plot of ground which includes much less than half its area, and is represented by an arm abutting on the sea between Hastings and Folkestone, and runs northward over London and Birmingham, where it is joined by another thin arm proceeding from Cornwall and Devonshire, crossing the Bristol Channel to Swansea, and thence to Worcester. The two arms are here united into one of double breadth. It covers Nottingham, Shrewsbury, Liverpool, and Manchester. Above these latitudes it again narrows, and after sending a small branch to Hull, proceeds northwards to Newcastle, Edinburgh, and Glasgow. It must be remembered, however, that Mr. Galton limits his statistics in general chiefly to those who are Fellows of the Royal Society, and does not make it clear whether his map is drawn from 100 of these alone or from a wider acceptation of the term "men of science." He notices the curious circumstance that clergymen rarely take a lead in science, and concludes that science is uncongenial to the priestly character. And amongst other noticeable facts are these, that an unusual number of the mothers of scientific men were between thirty and thirty-four at the time of their birth; that scientific men are often members of large families; that they inherit genius, as Mr. Galton has in an elaborate work already pointed out; and that they in general possess great energy both of mind and body, good health, and perseverance. The latter part of the book is taken up with a discussion on the Origin of Taste for Science, and the statistics given seem to show that men of science generally believe their taste for science is decidedly innate, though its direction has been perhaps often determined by accident.

The author gives a very sensible definition of genius, with which we are in full accord, and with which we shall close our notice of his work, recommending our readers to study it for themselves:—"It appears to me," Mr. Galton says, "that what is generally meant by genius, when the word is used in a special sense, is the automatic activity of the mind, as distinguished from the effort of the will. In a man of genius, the ideas come as by inspiration; in other words, his character is enthusiastic, his mental associations are rapid, numerous, and firm, his imagination is vivid, and he is driven rather than drives himself. All men have some genius. They are all apt, under excitement, to show flashes of unusual enthusiasm, and to experience swift and strange associations of ideas. In dreams all men commonly exhibit more vivid powers of imagination than are possessed by the greatest artists when awake. Sober, plodding will is quite another quality, and its over-exercise exhausts the more sprightly functions of the mind, as is expressed in the proverb 'Too much work makes a dull boy.' But no man

is likely to achieve very high success in whom the automatic power of the mind, or genius in its special sense, and a sober will are not well developed and fairly balanced."

Six Months under the Red Cross with the French Army. By G. H. BOYLAND, M.D. Cincinnati: R. Clarke & Co. 1873.

THIS work contains a record of passing events, together with an account of the personal experiences and adventures of an assistant surgeon-major in the "Army of the Rhine." The author's notes were made at odd times, and under diverse and often distracting circumstances, upon odd bits of paper, the author's shirt-cuffs, &c. Under such conditions we expected to find some notes and observations, compressed and practical in character and natural in style, and the book partly and in places fulfils these expectations; but it is, as a whole, disappointing, and of relatively little professional interest. Most of the details of these momentous occurrences have already reached us through various channels, and now that these notes no longer refer to current events they have been deprived of much of their interest. Our author considers that the best waggons he saw were those of the Holland ambulance that came into Metz after the siege, constructed like the American ambulance waggon, with four wheels and springs, and a good roof above. They would accommodate four wounded reclining, and eight sitting, and were supplied with a water tank. He condemns, very properly, the French method of conveying wounded on cacolets. Contrasting the din and clatter caused by the constant beating of drums and sounding of trumpets in the French army with the noiselessness of the Germans, he says: "The Prussians are seldom heard until they are upon us like a whirlwind." He likewise adverts to the superiority of the German officers and soldiers, in point of education and discipline, to the French; and especially notices the laxity of discipline which is developed in the latter army by the greater familiarity between officers and men, and the loss of respect as manifested by the French soldier rarely saluting any officers but those of his own regiment. Dr. Boyland thinks that the wounded kept in tents during the siege of Metz died more rapidly than those in buildings. The suffering and mortality became awful at last, when stores, medicines, and food began to fail. On one occasion, when the wounded were being brought into a large building used as a tobacco manufactory, which had been assigned as a temporary hospital by Marshal Bazaine, a soldier had to be placed on one of the piles of tobacco-leaves, in the absence of an operating or any other table; and our author mentions that no tourniquet was to be found among the surgical apparatus, although a complete set of obstetrical instruments was discovered. The book is sufficiently interesting to be worth reading, but practically it is of little or no value to the military medical officer.

Manual of Hygiene. By CHAS. CAMERON, M.D., F.R.C.S.I., &c. Dublin: Hodges and Foster.

THE first thing that strikes the reader of this most interesting manual is the total insufficiency of the means provided for the fulfilment of the Public Health Act of 1874. "Every dispensary medical attendant is, in virtue of that position, a medical officer of health. His duties are not at present minutely defined by orders of the Local Government Board, but presumably are as follows." (Page 16.) To this succeeds a list of requirements which reminds one painfully of the advertisements for governesses, in which a perfect gift of tongues united with the highest proficiency in art is to be rewarded with £20 a year.

The additional pay to the dispensary medical officers for the superadded work of sanitary inspection comes half from the local funds and half from the national exchequer, yet the proposed salaries have been hitherto so inadequate that Dr. Cameron suggests the amalgamation of several districts under one medical officer as the only means of compensating for the special training required.

Of the need of sanitary inspection nothing can speak more loudly than the analysis of the water of the principal towns in Ireland, which culminate in the almost sewage supply of Waterford, where the worst water and the highest death-rate—amounting in 1873 to 31·7 per 1000—coincide with telling significance.

In estimating the quality of water, Dr. Cameron points out that albuminoid nitrogen is now regarded as the true indicator of water-contamination. "It may have been at no remote period a portion of the egesta of a typhoid patient, and pregnant with the germs of that disease;" and for determining its quantity he prefers Wanklyn's adaptation of Nessler's test for ammonia.

When treating of the impurities of air, stress is laid upon the fact that the malaise, headache, and discomfort produced by respiring the air of an overcrowded room are not due to the excess of carbonic acid, but of organic matter; and Hammond's experiment is instanced, in which a mouse died from the presence of organic matter, even though the carbonic acid had been previously removed. At page 100 a very useful table is given, whereby, according to Dr. Smith's plan of calculating the amount of carbonic acid by the size of the bottleful of air which will render half an ounce of solution of baryta muddy, the busy practitioner may form a quick and sufficiently approximate guess of the condition of the air which he wishes to examine.

The statistics given of the efficacy of vaccination are very valuable, and, with the remarks on the insanitary condition of schools, especially deserve the attention of the public. The directions given for household hygiene, drainage, and ventilation, are clear and explicit, and the subjects of diet, clothing, and exercise are well treated. The volume closes with a compendium of sanitary laws.

In undertaking to produce a Manual of Hygiene for both professional and non-professional readers, Dr. Cameron set himself a by no means easy task, which, however, he has accomplished with ability; and to the dispensary medical officers who find themselves suddenly transformed into sanitary officers by Act of Parliament this book will be an invaluable assistance.

THE GUILDFORD HOSPITAL.

To the Editor of THE LANCET.

SIR,—The attention of the Committee of the Royal Surrey County Hospital has been called to an article in the last copy of THE LANCET, in which notice is drawn to a case of refusal of a child sent to the Hospital for admission as in-patient, and who soon afterwards died.

I am requested by the Committee to inform you that they have inquired into the circumstances of the case, and that they are of opinion that no blame is to be attached to any officer of the hospital; and they have come to this conclusion for the following reasons:—1. That the case was one in which it was not likely that any benefit could be derived from admission into the hospital. 2. That the recommendation printed on all in-patient tickets to the following effect, had not been complied with: "To prevent disappointment, it is recommended that when applicants for in-door treatment reside at a distance from the hospital, the annexed certificate, with the recommendation attached, be filled up by some medical man in their own neighbourhood, and sent to the house-surgeon at the hospital, not later than the Monday before the Thursday on which they were to apply." 3. That the hospital was full, and other patients, as well as this one, had to be refused admission.

The Committee consider that, under the circumstances, the house-surgeon was fully justified in refusing to receive the case in question.—I remain, Sir, your faithful servant,

HENRY B. POWER, Hon. Sec.

Royal Surrey County Hospital, Guildford, January 20, 1875.

THE LANCET.

LONDON: SATURDAY, JANUARY 23, 1875.

THERE seems to be every prospect that the important subject of Public Health will before long have a definite position in the scheme of medical education. The action of the Universities of Dublin and Cambridge and of the Edinburgh College of Physicians in this matter has now been followed by that of the Convocation of the University of London. It had been announced that, at the meeting of Convocation held on Tuesday last, Sir WILLIAM JENNER would propose, and Dr. BOND of Gloucester would second, a resolution to the effect—"That, in the opinion of Convocation, it is desirable that a special examination be instituted in this University in the subjects which relate to Public Health." Unfortunately, owing to the illness of a member of the Royal Family, Sir WM. JENNER was unable to be present, and a message expressive of his great regret was read by the chairman. From unavoidable circumstances, also, Dr. BOND was unable to fulfil his duty. Dr. BARNES, therefore, proposed, and Dr. GEORGE BUCHANAN seconded, the resolution, which was carried by acclamation.

The absence of Sir WM. JENNER was, we need hardly say, a disappointment to those who had come in the expectation of hearing one of his eloquent and emphatic addresses; but, in point of fact, the proposition was one which so commended itself to the common sense of the meeting that any arguments in favour of it were quite unnecessary. It must be as well known to those outside the profession as to the members of it themselves, that special knowledge is necessary to grapple with the various sanitary questions which are at present engaging so much of the attention of the public. It is not to be expected that the medical man whose knowledge consists of anatomy, physiology, medicine, surgery, and a dim cloud of chemistry will be able to evolve from his inner consciousness a sufficient amount of those other scientific and technical subjects which are necessary for dealing satisfactorily with questions affecting the public health. Indeed, it speaks very highly for the general sense and intelligence of the profession that a sufficient number of men have been forthcoming to fill the very numerous health appointments which have recently been made.

The speech of Dr. BARNES was calculated to convince everybody of the necessity of the proposed examination. He stated with great frankness that he had once held a health appointment himself; and that, although he had passed through the medical curriculum required by the University with average credit, and although, as is well known, that curriculum necessitates a considerable study of the sciences accessory to medicine, inclusive of hygiene, yet, finding his special knowledge insufficient for the honest discharge of his duties, he had thrown up his appointment.

Dr. GEORGE BUCHANAN explained what, it was hoped, the Senate would do in the matter. At present all medical graduates are compelled to work together up to a certain point until the degree of Bachelor of Medicine has been obtained. They are then allowed to diverge towards the special branches of pure medicine and pure surgery, as their tastes may direct. Now, it was proposed to make a third special branch of Public Health, and to place the public-health diploma on an equal and similar footing to the already existing degrees of M.D. and M.S. It was explained that the minor subjects which compose the greater subject of Public Health have a certain unity, and that they might very well be thrown together into one examination. As to the minute details of the scheme, that may very well be left in the hands of the Senate, who will, doubtless, be largely guided by the incomparable advice of Dr. PARKES, who is, perhaps, the only man in the United Kingdom who, with great knowledge of the subject, has also had the requisite experience in the teaching of it and the requirements of students. The subjects in which candidates for the diploma will probably be examined were pointed out in our issue of the 9th inst.

We think the course indicated by this debate in Convocation is a very proper one, and one worthy of the University and the high character which it has always striven to give to medical education. We have very little doubt that it will be readily acceded to by the Senate, and that we shall soon be furnished with all details, including the date of the first examination.

There is every reason to think that the holders of the public-health diploma of the University of London will take a position in their branch of the profession in every respect as high as do the possessors of the higher degrees in medicine and surgery in theirs. We should point out that, in arranging this advanced diploma, the requirements of the rest of their medical graduates in the direction of public health has not been lost sight of. Of the four examinations requisite for the degree of M.B., chemistry, both theoretical and practical, forms an integral part of every one of them; mechanics and natural philosophy form part of the matriculation, and compose almost entirely the preliminary scientific examination. The examination in that important branch of State medicine—medical jurisprudence—forms part of the M.B. examination, and is more complete and thorough than that of any other licensing board; and, as we mentioned above, hygiene is one of the subjects in which all Bachelors of Medicine are required to possess competent knowledge. Thus, while all the medical graduates of the University possess sufficient knowledge upon which to build a solid superstructure if they wish, the holders of the higher public health diploma, who will be expected to possess in addition an adequate knowledge of meteorology, geology, sanitary engineering, and vital statistics, will certainly be qualified for any of the public appointments, and in time for consulting practice, in this branch of medicine.

THE contagious nature of puerperal fever and the various ways in which it may be communicated is a question of the greatest importance to both the profession and the public. A knowledge of what has been written on this point and of

the many interesting cases bearing on it ought to be in the possession of everyone who intends to practise midwifery, for without such knowledge he may unconsciously carry with him the contagion and communicate it to those under his care; and even with such knowledge it may be in some instances impossible to avoid becoming the agent of this terrible disease. Puerperal fever is a term which embraces a number of diseases having different causes, symptoms, and anatomical lesions. One class of these maladies is that brought on in the puerperal woman by contact with the poison of an acute specific disease, as typhus or erysipelas. In these cases there can be no question of the contagious character of the affection, for instances are recorded in which the puerperal woman has been the means of communicating the original disease to a third person. Another class of cases is that which is due to absorption by the vagina of a poison introduced by the examining finger of the accoucheur. The poison in these cases may be the cadaveric or decomposing animal matter, such as the discharge from the generative organs of a patient suffering from puerperal fever; or it may be the contagion of an acute specific disease. There is a third class of diseases which is included under the term puerperal fever, which is generated within the body of the patient, the cause being decomposition and absorption of coagula or portions of the placenta retained in the uterus, or the breaking up and entrance into the circulation of a clot which has formed in the uterine vessels. The form of the disease depending on the introduction into the vagina or the formation within the body of a poison other than the acute specific contagion is not contagious in the sense that typhus fever and erysipelas are, but it is certain that it is not unfrequently communicated by the intervention of a third person, that person being the medical attendant. Numerous instances are on record of outbreaks of puerperal fever in which all or almost all the cases occurred in the practice of one man. Dr. ARMSTRONG says that out of forty-three cases which occurred in Sunderland in 1813 forty happened in the practice of one surgeon and his assistant. Dr. GORDON observed, with reference to the epidemic which took place in Aberdeen in the year 1789–90, that the disease attacked such women only as were visited or delivered by a practitioner, or taken care of by a man who had previously attended patients affected with the same disorder. ROBERTON states that from Dec. 3rd, 1830, to Jan. 4th, 1831, a midwife attended thirty patients for a public charity; sixteen of these were attacked with puerperal fever, and they all died. In the same month 380 women were delivered by other midwives for that institution, but none of the 380 suffered in the smallest degree. Evidence of this kind might easily be multiplied, but we have said enough to show that the disease is in some cases contagious in the sense typhus is, and that in all cases it is communicable by the accoucheur or midwife. And this is not to be wondered at, for we know how difficult—nay, how impossible it is for some time to remove from the hands which have been engaged in making a post-mortem examination the odour of the cadaver, even by the most abundant ablutions and the careful use of disinfectants. We know, also, what a small quantity of septic poison is sufficient to engender a fatal disease even in a healthy person; but in the puerperal woman the poison acts at a great advantage, because her system is in a more or less exhausted state after the parturient efforts, and it is engaged in throwing off waste products—the wasting from severe muscular action and from the involution going on in the uterus. Besides, the poison, when communicated by the examining finger, is introduced to a part capable of absorbing rapidly, and one which, at that time, is wounded, bruised, and sore from the mechanical violence to which it has been subjected. Under these circumstances the patient is peculiarly susceptible to the slightest contagion or inoculation. Again, practitioners of midwifery find it their duty frequently, during the first few days after labour, to examine the vaginal discharge. In this manner their hands become more or less tainted; and, if the patient be suffering from puerperal fever, this taint is sufficient, even after the most careful washing and use of disinfectants, to communicate the disease to a patient examined soon after. With midwives it is far worse, for generally they act both as nurse and midwife to the poor patients on whom they attend; and thus they have daily to perform the part of nurses, and consequently have their hands, however careful they may be, always tainted with discharge. Add to this the slightest carelessness in the use of soap and water and disinfectants, and there is at once formed a propagator of disease who carries death wherever she goes. This double function of midwives is probably the reason that, in recent outbreaks, they have played a more prominent part than professional men. What, then, are the duties of the medical practitioner in whose practice a case of puerperal fever has occurred? He may change his clothes, he may take any number of baths, he may use all sorts of disinfectants, and still the fatal poison may hang about him, and he may be the bearer of it. Under these circumstances he should refrain from practising midwifery for a season. It would be wantonly wicked in us were we to speak hesitatingly when such issues are at stake. The danger to the public arising from the non-observance of the precautions above-named are incalculable, as we have seen in the outbreak in the neighbourhood of the Wandsworth-road and at Coventry; and whatever sacrifice the medical man may have to make in carrying out the precautions named, we unhesitatingly say he should make it. In the majority of cases, however, the sacrifice to be made would be very light indeed. Three years ago an outbreak of puerperal fever took place in a provincial town of considerable size. On investigation it was found that all the cases had occurred in the practice of one surgeon and one midwife. The members of the profession located in the town met and requested the gentleman in question to refrain from practising midwifery for one month, and at the same time agreed to attend his cases for him. The midwife was likewise requested not to attend cases for a similar period. This was agreed to, and no new cases occurred after that date. This illustrates well the line of conduct that should be adopted by the profession in any town where this terrible disease may happen to appear. The unfortunate practitioner in whose practice the case has occurred should bring it before the profession, and should cease from attending midwifery for a time. On the other hand, his professional brethren should help him

through his difficulty, and make his loss as small as possible by attending his cases for him during the period of his abstention.

MR. STANSFELD, on the 11th inst., delivered an address in the Mechanics' Hall, Halifax, "On the Principles of Local Government and the Public Health Act of 1872." The address was a detailed explanation of the policy he had pursued in matters relating to the public health while President of the Local Government Board. If Mr. STANSFELD had set himself deliberately to show how the best interests of a community may be sacrificed to petty departmental considerations, he could not have succeeded better than in this remarkable address. We have accepted almost without question the Public Health Act of 1872 as the most that could then be obtained from the Legislature. In many things that related to local sanitary organisations that Act was an immense gain, especially in giving a single defined sanitary authority in every part of the country. As the Minister responsible for dealing with the recommendations of the Royal Sanitary Commission, and who made local sanitary administration actually possible everywhere in England and Wales, we willingly concede to Mr. STANSFELD all honour. But when we approach the measures adopted for giving effect to the legislation which he had promoted we witness the extraordinary spectacle of a Minister stultifying by his departmental action what he had won by his parliamentary action. Hitherto we have had to depend for our knowledge of Mr. STANSFELD's departmental action in initiating the Public Health Act of 1872 mainly upon its results. Now we have a categorical statement from Mr. STANSFELD himself of the principles which guided him in the measures he took for the initiation. There is nothing comparable to this extraordinary statement, in our knowledge, outside Laputa. We have been blamed for severity of criticism on the measures referred to. Mr. STANSFELD himself has now justified our criticism, and left us hopelessly in the background. He has adopted the part of critic upon himself, and we yield without hesitation the palm to him.

Before touching upon the two questions which chiefly concern us in Mr. STANSFELD's address, we would first direct attention to the ingenious but fallacious political aspect which he contrives to throw over them. His astuteness as a politician was never more clearly shown than in the way in which he makes use of "local government" as a pivot upon which to turn his observations. Everything converges to this point, even the relations of medicine and medical men to sanitary administration and organisation. In some undefined way he would make it appear that there is a kind of natural repulsion between physic, the doctors, and scientific men generally, and local government which it was a primary duty of his to neutralise. He speaks, moreover, of local government in its relation to public health as if it were a new political discovery of his own, threatened when he was in office by many enemies, and which he had had to defend to the uttermost. All this is very pretty as addressed to a constituency and in view of the hustings; but as compared with the actual facts of central sanitary administration by the Privy Council and by the Home Office, before the establishment of the Local Government Board, is simply Laputanism.

But to come to the question which principally concerns us—namely, the mode of initiation of the Public Health Act of 1872. We have Mr. STANSFELD's authority now in support of the position which we have persistently held, that his sanitary administration must be judged by the measures adopted to this end. He says: "The first great step on firm ground was to organise local authorities and to impose positive sanitary obligations on them by law; and this was done. The *whole philosophy of the subject* was contained in the answer to this question—What was or ought to be the next step? The next step, in the opinion of the Board, was to be an *educational* step." The principle which governed Mr. STANSFELD in taking this step was, he tells us, to secure "the *intelligent* co-operation" of local representatives; and the first measure to this end was to tell them not to be frightened; in other words, that there was no intention "of putting force upon the bodies referred to." Conceive the estimate entertained of the "intelligence" of local representative bodies at Gwydyr House as implied in these words! The next measure was to arrange to take "common counsel" with those sanitary authorities who decided not to act independently of the Local Government Board. "The Board claimed the right to take common counsel with them, and in that common counsel to seek to persuade them towards its own views." The authorities to be conferred with, it will be remembered, would be for the most part newly created and entirely unacquainted with the duties they were called upon to perform. In accepting the responsibility of conferring with them on the arrangements for exercising these duties it was to be assumed that the Local Government Board would bring to their assistance, through its agents, that knowledge of the duties which had been imposed upon them by the Legislature which was necessary to an intelligent comprehension of them, and which it was presumed that the Board necessarily possessed. The Board, we now learn from Mr. STANSFELD, held such knowledge on the part of its agents, not only as wholly unnecessary, but as actually harmful; and that the last thing to be considered by sanitary authorities was the particular fitness of their arrangements for the ends they were designed to compass. The Board, it appears, itself first took counsel, and deputed as counsellors to sanitary authorities the only members of its staff who had no previous acquaintance with the subject matters it had to advise upon. "Immediately on the passing of the Public Health Act of 1872," says Mr. STANSFELD, "before leaving town for the long vacation, he called together the general inspectors [that is, the former Poor-law inspectors] of the Board, and, having occupied a couple of days in discussing with them collectively the provisions of the Act and the policy which he thought it most wise to pursue in initiating its local administration, he dismissed them to their districts, there to act as interpreters and negotiators of the policy of the Board." That is to say, the Board excluded from its counsels all those inspectors attached to it from the Privy Council Office and Home Office who had intimate knowledge of the subjects discussed, and selected for its advisers and agents the inspectors who had

acquaintance with Poor-law administration only, as best fitted to satisfy the intelligence of the new sanitary authorities and to counsel them upon their duties. Either the capacity to acquire knowledge at a moment's notice of the Poor-law inspectors must be most amazing, or they and the Board they represent must look upon the "intelligence" of the new sanitary authorities as of the most rudimentary description—if, indeed, there be not a still simpler explanation forthcoming, of which more presently. Mr. STANSFELD feels that this extraordinary conception of the requirements of his counsellors needs some explanation, and he accordingly proceeds to give one. What else ought he to have done? It had been suggested that medical inspectors who would have brought special knowledge of the subjects under consideration should have been appointed. He admits that there was something to be said in favour of a counsellor who should know the subject matter of what he had to counsel about; but, says he, "these men were to constitute themselves, under the directions of the principal medical officer of health, educators of the Local Board, and were to remain their guides." What does this mean? Is Mr. SIMON referred to here? Whatever Mr. STANSFELD meant by these words, the question naturally arises—why, if education be, as he says, the great issue, should not presumably the best teachers be given to the local authorities? To this he answers that "it would have been to commit a disastrous and fatal mistake. To maintain the authority of the scientific man, and to secure for him respect and even popularity, it was necessary to reserve him for occasions when there was a sense that his special knowledge and services were needed." In other words, the proper position of the medical man in sanitary administration should be the same as obtains in private life; that is to say, his assistance is to be required only when the mischief he is best fitted by knowledge to prevent has occurred. This "policy" of relegating the function of medicine in public health simply to dealing with special questions, illustrated by its action in special outbreaks of disease, is described as a "policy of *respect and trust* towards local administrations deliberately adopted." Make use, he says in effect, after my example, of your medical officers as you make use of your family doctor, and for the rest trust to domestic physic and common sense. Deal with your public duties in this respect as you deal with your private duties.

Holding these views, it is obvious that it was desirable that neither the Local Government Board nor its general inspectors should have any more advanced notions of public health requirements and local sanitary organisations than the new local sanitary authorities. This is the answer, then, which we infer is to be given to the objection which we have principally urged against Mr. STANSFELD's policy. We have laid little stress upon the non-appointment of medical inspectors, knowing that Mr. STANSFELD was in this respect (although for very different reasons) supported by the opinion of the Royal Sanitary Commission. But we have again and again directed attention to the fact that the vast experience Mr. STANSFELD had at his command in his technical staff in advising his general inspectors was wholly disregarded. We now gather from him that it was unadvisable to daze the general inspectors, and through them the local authorities, with this, to him, it now seems, too effulgent knowledge!

Mr. STANSFELD flatters medicine and its technical companions in sanitary science in their knowledge—apt to rectify blunders, too valuable to be wasted in preventing them; and he flatters equally sanitary authorities in his "respect and trust" for their ignorance. Neither can reasonably take exception, because the knowledge of the former has not been made available, and the knowledge of the latter is to be gained, under official guidance, through needless blunders.

But, after all, it must have struck such of our readers who have given attention to Mr. STANSFELD's address, that the policy of his sanitary administration was a very familiar one, and that all this parade of principles was somewhat wide of the mark. In reality, Mr. STANSFELD simply detailed, in reference to his policy of sanitary organisation, what everybody was familiar with as the policy of the sanitary administration of workhouses under the Poor-law Board. He has, indeed, simply extended the principles of the sanitary administration of workhouses to the local sanitary organisation of the kingdom, by placing his general inspectors in like relations, on the one hand, to the local authorities and their skilled officers, and, on the other, to the central administration and its skilled officers. We know what has resulted and what is still resulting from such an arrangement in workhouses, and it will not be long before we shall reap like results in local sanitary administration. We have recent examples of central Poor-law sanitary education at Brentford, and of sanitary administration at the South Anerley Schools.

Mr. STANSFELD made the public health administration of the country a mere branch of Poor-law administration, and it remains so at the present day, to the scandal of the Legislature and the public.

THE localisation of centres in the convolutions of the brain is so new and at the same time so promising a field of inquiry that we are not surprised to find that those who first commenced these researches are prosecuting them with energy, and, judging from recent advances, with good prospect of obtaining precise knowledge on many points that have hitherto been extremely obscure. The observers who have recently been most prominent in pursuing this subject have been MEYNERT, HITZIG, FERRIER, BRAUN, FOURNIÉ, BURDON-SANDERSON, and NOTHNAGEL. Some weeks ago, NOTHNAGEL published in the *Centralblatt* a preliminary notice of the conclusions he had arrived at from experiments he had undertaken in rabbits to determine the function of the thalami optici. In the number of VIRCHOW's *Archiv* just published he gives the details of these experiments, which present several points of interest. It was long held that the optic thalami stood in direct relation as motor centres to the upper extremities; and when ANDRAL showed that this was not in accordance with pathological evidence, it was still considered that disease of this part of the brain on one side was associated with motor paralysis of the opposite side of the body. The careful anatomical observations of MEYNERT on the one hand, however, and the recent experiments of FERRIER on the other, have led both ob-

servers to conclude that the optic thalami have no relation to motion, though FERRIER still thinks they are sensory centres. NOTHNAGEL states that he found the method of injecting chromic acid—which he originally applied in order to determine the function of the convolutional centres—inappropriate for experiments on these deeper-seated centres; and he has employed instead a little canula and trocar, from the extremity of which, by pressure on a lever in the handle, small diverging arms could be made to protrude, and by rotation the thalamus could readily be entirely broken down. The powers of motion and sensation in the animal were then carefully tested, whilst an examination after death revealed the precise nature of the injury inflicted. The trocar was always introduced at the side of the head, and passed through the cornu ammonis and a part of the hemisphere. When both thalami were broken down thoroughly, it was found that the animals, on waking up from the narcosis into which they had been thrown, leaped about, and presented no symptoms that would lead it to be supposed that so serious a lesion of the cerebrum had been effected. All movements ordinarily considered as voluntary continued to be performed with facility. In the same way, there appeared to be no loss of cutaneous sensibility in any part of the body, and the animals not unfrequently lived for several weeks after the injury, the only thing noticed or noticeable about them being emaciation, whilst post-mortem examination showed nothing except small hæmorrhages in the lungs; the only exception that might be made to this general statement is, perhaps, that, on stretching the fore-limbs in front of the animal, or on bringing them close to the side, the animal showed no disposition to remove them from this uncomfortable position. From this and other experiments, it would appear that a rabbit so injured is incapable of originating movements responding to sensory impressions; and this is, in fact, the conclusion at which NOTHNAGEL arrives, for he states as his final results that destruction of the optic thalami causes neither motor paralysis nor cutaneous anæsthesia, but that his experiments support the view of MEYNERT—namely, that motor processes take place in the optic thalami which are caused or excited by sensory impressions; or perhaps a more correct expression is made use of by GOLTZ when he states that the motor processes which are here set into activity *answer to* certain peripheric sensory impressions.

Annotations.

"Ne quid nimis."

THE ARMY MEDICAL SERVICE.

IF the present War Minister has not by this time made himself thoroughly acquainted with the intricacies of our army medical organisation in its double aspect of the regimental and general staff systems, and if he has not informed himself as to the number and nature of the grievances of medical officers, it cannot be ascribed to an insufficient ventilation of these subjects. The number of the representations, emanating from so many sources, must have made it evident to him that the service is in a most unsatisfactory condition, and that the attention of representative medical bodies, and of the professors at our medical schools and colleges, has been thoroughly aroused to the subject. The *Broad Arrow*, in an article headed "Sir William Muir and his Army of Martyrs," dwells upon the great parsimony that has of late years been adopted by the Government in its provision for the sick soldier, and the obstacles that are thrown in the way of the army surgeon. It represents Sir William Muir as tugging hard in one direction, while the authorities are dictating to him, and pulling hard in the other direction, to prevent him and his little army from succeeding in their work. If so, we can only join in wishing "more power to his elbow." Our contemporary points to the experience of the Franco-German war, and that of the Italian war of 1860, to show that medical officers, non-combatants as they are styled, were perfectly competent to manage their own affairs, and superintend and administer their own hospitals with entire success, and that, in the former war, when combatant officers were employed in duties pertaining to the sick and wounded, they were the subordinates, and not the superiors, of the principal medical chiefs, who were on the general staff. It is obvious that the first war of any magnitude can only find us in a state of inefficiency and unpreparedness, as far as the medical department is concerned, unless something be done. Rumour has it that army matters will occupy a very important place in the next session of Parliament, and we earnestly hope that the medical branch of it will claim the attention that it deserves. The announcement of Mr. Gathorne Hardy's intentions regarding it are anxiously anticipated, and will no doubt be keenly criticised.

There is, apart from the grievances of the medical officers, a great difference of opinion as to what should be the future organisation of the department. The majority of medical officers are undoubtedly favourable to the regimental system, and their views are at present being very forcibly advocated. We cannot wonder at this, for, apart from the merits of the system, the late warrant and the subsequent procedure of the authorities were well calculated to render the late changes distasteful. We should have imagined, however, that the experience of the Medical Service in the past had not been such as make a return to the "old ways" a subject of ardent hope and desire. A few thoughtful men urge us to hold to our own course "through good report and evil report," in the full assurance that it is, after all, the right one, and the only one calculated to bring about that amount of efficiency, independence, and power which should belong to the department as a whole, and which it will never possess so long it is "a house divided against itself," with its influence expended and frittered away in so many separate regimental centres, instead of being directed to procure the respect and position which it would in time obtain if put forth in one and the same channel—through its own head—as in the case of the other scientific branches of the service. Whether we have been right or wrong in our advocacy time will prove, but the system we have advocated has not yet been inaugurated, much less fairly tried. This we must say, however, that we cannot recall the time, except perhaps for a brief period after the promulgation of the Royal warrant of 1858, when the department was a contented one under the system that has obtained in the past, and we fail to see any warranty in that fact of its being otherwise in the future. Divided, the Medical Service has not conquered; it has always failed to hold its own. On the other hand, every Medical Service on the continent and in the United States either has adopted or will speedily adopt a different system to ours, and that their influence as a service has not been diminished thereby, but has been vastly increased, is the testimony of all.

OUTBREAK OF PUERPERAL FEVER AT WANDSWORTH.

LAST week we reported that a serious outbreak of puerperal fever had occurred in the neighbourhood of Wandsworth-road and Battersea-park. We have since obtained further particulars, which we now place before our readers as briefly and concisely as possible. There have been in all ten cases, six of which have already proved fatal; five of these fatal cases were attended by one midwife named Dymond, the sixth occurred in the practice of a medical man, and has been the subject of a coroner's inquiry. The fatal cases occurred in the following streets:—Thorn-street, Penfold-common, Creighton-street, Pawson-street, Linfold-street, and Penfold-terrace. These streets are some distance apart, and the only bond between them was the midwife Dymond. The first death took place in Thorn-street a few days before Christmas day. Of the exact sequence of the next two cases we are not quite sure; they occurred one on Penfold-common and the other in Creighton-street, all the cases being attended by Dymond. On New Year's day a young married woman was confined at Pawson-street, and the midwife summoned to attend her on the 3rd of January. She had rigors and violent abdominal pain, and died on the 7th. Whilst the midwife was in attendance on this case she was summoned to another patient in Linfield-street, who was confined Jan. 5th, and died of puerperal fever January 9th. By this time the medical officer of health for the district became cognisant of the facts, and warned the midwife to abstain, which she has promised to do. But the mischief did not cease with her departure from practice. A medical man who had been called in to see one of the cases, either by the midwife herself or by the friends of the patient, afterwards attended his own wife in her confinement. This took place on Saturday, the 9th of January. On Monday she felt faint, had rigors and considerable abdominal pain, and died Tuesday evening, January 12th. An inquest was held by Mr. Payne, coroner for the Clapham district, to inquire if the deceased had proper attendance, &c. This was most satisfactorily proved to have been the case by the landlady, the nurse, and Dr. Spitta, who was called in to see the deceased before her death, and a verdict "Death from natural causes" was returned by the jury. Although we cordially agree with the verdict, we regret the inquiry did not take a wider scope, and more particulars elicited with regard to the cause of the present outbreak. The medical man who suffered so terribly could have given important evidence on this point. Since our visit we learn that three fresh cases have occurred, making, as before stated, the total of ten. These cases are in the practice of medical men, and we are endeavouring to find out if they have at any time been called in to see any of Dymond's patients.

We must now inquire how it was that this woman Dymond was permitted to go from case to case, carrying infection about with her for so long a period. We think it beyond all possibility of doubt that had she been stopped after the first case in Thorn-street all the subsequent mortality and misery would have been prevented. The reason she escaped detection for so long a period appears to us to be as follows:—She must have called on different medical men to certify the cause of death, and in no case, or perhaps only in one or two, was the death registered as puerperal fever. The Registrar-General, we all know, issues weekly a return of the deaths taking place in the metropolis, and is always careful to chronicle deaths from such a cause as this. Had therefore the deaths been correctly registered the public by this time would have been made aware of the existence of the fever through these weekly returns. We admit that there is some difficulty in a medical man, on being called in to an isolated case, committing himself at once to the statement that the case was one of puerperal fever, and believe that in many instances he would prefer to return the death as peritonitis, inflammation, thrombosis, &c. This difficulty and hesitation would cease if it were the law to hold an inquest in every case of death occurring in the practice of a midwife. In ordinary times such inquests would be few, but in times like the present, when puerperal fever is prevalent, it would be a considerable safeguard by sounding the note of alarm, and causing precautionary measures to be adopted.

THE LATE INQUEST AT WOOLWICH.

WE very briefly adverted last week to this subject, and additional consideration of the circumstances tends to strengthen us in the opinion which we then expressed. It will be remembered that an inquiry was held at Woolwich by Mr. Carttar, the coroner, relative to the death of a soldier's child—a little girl, three years of age—who was attacked with measles on Dec. 31st, and removed on Jan. 3rd to the Herbert Hospital, by order of Dr. Jennings, in consequence, as he believed, of its suffering from scarlatina. The jury returned a verdict that the child had died of measles and congestion of the lungs, and appended to it an expression of censure in regard to Dr. Jennings, attributing great, but not criminal, blame to that medical officer for having mistaken the nature of the child's malady, which mistake led to its being subjected to unnecessary exposure. A censure of this kind is calculated to inflict a great and, as we think in this case, an unmerited injury on the medical man concerned. We need not go over all the details of the evidence adduced at the inquest. In consequence of the recent prevalence of diphtheria at Woolwich, a medical officer of each corps or brigade of artillery was required to inspect daily the families inhabiting Government quarters, and to send all cases of diphtheria or scarlatina at once to the Herbert Hospital. In the present instance, Surgeon Jennings, after having treated the child for a day or two for measles, considered, from the presence of throat symptoms, that it was in reality suffering from scarlatina, and ordered it to be removed to hospital. On its arrival there, the surgeon-major of the brigade deemed the case to be one of measles; but as the child seemed very ill he recommended the mother to allow it to remain, adding that accommodation would be provided for herself and child. The mother, however, preferred to take the child home. Unfortunately, when she arrived there she found the Army Hospital Corps in possession of the place, and subjecting it to fumigation. It should be stated that the mother of the child had, without informing Dr. Jennings of the fact, called in a civil practitioner, who, although opposed to the child's being removed to hospital, was nevertheless of opinion that it would die. There was not a tittle of evidence to show that the child's death was attributable to exposure, nor was it implied by the verdict of the jury. It was a case of mistaken diagnosis, but there was nothing to indicate neglectful or inconsiderate conduct on the part of the medical officer; on the contrary, he seems to have been the only one who made an examination as to the state of the child's throat. The limitation of the spread of infectious diseases was the object for which these inspections were instituted. We may be quite sure that any system likely to be followed by the removal of infected children from their homes would be unpopular with the parents, and the duty of rigidly carrying out such medical inspections cannot be a pleasant one to those on whom it devolves. If a medical man who errs on the side of caution in any case about which he may be in doubt is to be publicly censured, the logical result can only be that he will not incur any responsibility. On a calm

review, then, of the facts, we think that the military authorities should not allow themselves to be influenced by an expression of censure in a case where there is reasonable and just ground for believing that the medical officer acted *bonâ fide*, and for the best.

TYPHOID FEVER IN THE UPPER CLASSES.

THE issue of bulletins from Osborne regarding the illness of Prince Leopold recalls the time when everybody's thoughts were turned to Sandringham, and the public mind was in a state of anxiety and expectant attention regarding the condition of another Prince. One of the most remarkable points of contrast between typhoid and typhus fevers is to be found in the different classes of society attacked by these fevers. The frequency with which the former prevails among the higher ranks of society is being constantly brought home to us, and it would almost seem as if the habits of life and the varied, rich, and plentiful diet of the titled and more opulent classes induced a condition of susceptibility to the disease; indeed, it has been contended, with some show of plausibility, that just as the liability to an attack of typhoid fever at certain ages corresponds with the condition of greatest physiological activity in the intestinal glands, so the increased functional activity of the same structures under the stimulus of what is styled "good living" tends to increase the susceptibility of the system to the fever poison. Some authorities, as Dr. G. B. Wood and Dr. Henry Kennedy, have even gone so far as to assume that there is in many persons an inherent predisposition to typhoid fever, allied to that recognised in some other constitutional maladies; and they would possibly point to the medical history of our own Royal Family—to the attacks of the late Prince Consort, the Prince of Wales, and Prince Leopold, in corroboration of their opinion. It would, however, require a larger array of facts than has yet been adduced to establish this view. There is nothing to indicate the existence of any hereditary predisposition of the kind, and it is very easy to conjure up a meaning out of coincidences that would be unwarranted by the evidence of facts. While typhus commits its ravages among the poor, the destitute, and the overcrowded portions of the community, the case is far otherwise with typhoid fever, which, while it is no respecter of persons, affecting all classes and occurring in almost all climates, prevails to a remarkable extent among the upper and well-to-do sections of society. One reason of this probably is that the big baronial halls, the large and handsome country seats and town houses of the wealthy classes, as well as the less pretentious dwellings occupied by the classes beneath these in rank, are generally old, and too often badly constructed and indifferently drained. We think, however, that the subject of the influence of station of life, with all that this implies in regard to differences of diet and mode of living, is one worthy of attention.

SMALL-POX IN JERSEY.

ACCORDING to our latest information, the deaths from small-pox in St. Heliers in the first sixteen days of January were 40. Some of the cases are very malignant; and the circumstances of some of the deaths, as reported in the newspapers, are very shocking. In one family four children died without medical assistance. Four other cases of the same kind are known to the *British Press*. A special fund is being raised for the relief of Germans and Frenchmen affected with the disease, but who have no legal claim to parochial relief. There is no doubt that the strength and kindness of the medical men will be taxed to the utmost. We would remind the public of Jersey that it is very unjust to the medical profession to neglect vaccination, which is the great remedy recommended by them against this horrible disease. It is due to medical men, who are expected to attend the cases, that the disease be shorn of its virulence, if not altogether prevented, by the timely adoption of the expedient which, if plentifully used, is so effective. Those who neglect vaccination court the disease. The States met on Wednesday, and showed that they realised the urgency of the calamity which, by their supineness in sanitary matters, had come upon them. They brought forward what is called a "sanitary measure." It gives powers to the constables and to the Sanitary Committee to isolate patients affected with infectious diseases, and to disinfect or destroy clothing. It forbids the sick being conveyed in public carriages, or provides for the disinfection of carriages so used. A Vaccination Bill, making vaccination compulsory, was submitted at the instance of Dr. Le Cronier. The second measure is expected to become law in about a fortnight. But between measures being submitted and their becoming law in the States there often elapses a time sufficient for an epidemic to wear itself out. The first law, being founded on a previously existing *reglement sanitaire*, is, we believe, now in force. It remains to be seen whether the constables and Sanitary Committee will administer it in such a way as to be of any use.

The utter negligence of the Sanitary Committee, whose existence was proclaimed as an answer to all complaints, was vividly illustrated by one of its members in the meeting of the States asking if such a committee existed, and declaring that he had not received a summons to attend its meetings since March, 1874. Great precautions are being taken in Guernsey to intercept and isolate any cases of the disease, from which, at present, the island is happily free. In Jersey, it is gratifying to know that one of the most important influences in moving the Governor, who moved the States to action, was a memorial from the medical men, almost unanimously signed, and that the author of the Vaccination Bill is a medical man.

SEPULTURE.

MR. SEYMOUR HADEN'S letter to *The Times* on the subject of burial is still causing a good deal of discussion, and the public mind is just now exercised by the question which Hamlet put to the Gravedigger: "How long will a man lie i' the earth ere he rot?" There seems a good deal of discrepancy on this point, and there is undoubtedly need of exact experiment, for there can be no question that the time taken by Mr. Haden's dog to "resolve" was much shorter than that which would be required for human beings. That the rate of putrefaction varies in different soils is well known, and Casper, in his work on Forensic Medicine, has the following, which may prove of interest:—"Whatever favours or prevents the access of atmospheric air to dead animal substances promotes or impedes their putrescence. . . . The nature of the soil has considerable influence in preventing or promoting the access of the air, and according as that is loose and porous, as sand, or firm and compact, as clay, so do the bodies buried in it putrefy more or less readily. But here we encounter another agent—viz., moisture,—which may equalise the conditions, or even turn the scale in the opposite direction, and whose share in the matter, so far as it is affected by the nature of the soil, is truly important. Sandy or chalky soils are, for instance, dryer, and turfy or clayey soils moister. The same cause—the easy or more difficult access of the air—occasions bodies buried near the surface, as those of new-born children often are, to putrefy faster than those more deeply interred." The presence or absence in the earth of insects, such as ants, must be an important factor also in the process of "resolution." Taylor mentions the case of a murdered

woman who was disinterred after eleven years' burial. The body was found completely reduced to a skeleton, but, nevertheless, the cervical vertebræ were still held together by a dark-coloured mass derived from the decomposition of the fleshy parts of the neck, and this mass was still surrounded by several folds of a cord which had been employed for strangulation. It was possible also to determine the length and colour of the hair, the state of the teeth, and the form and the length of the bones. In the celebrated case of Eugene Aram, the bones of the murdered man Clarke were disinterred after a period of thirteen years, and still presented evidence of the murderous violence which had been used. Bones, indeed, seem almost indestructible, especially in some soils, and they would, we fear, present insuperable obstacles to Mr. Haden's scheme for re-using the burial-grounds.

We are surprised that none of the correspondents in *The Times* or elsewhere have pointed out the necessity, to which we last week alluded, of planting the cemeteries with vegetation of some kind. If the cemeteries are to be used again and again, vegetation would be an absolute necessity, but we fear that the objections to and prejudice against burying twice in the same place would be so strong that this part of Mr. Haden's scheme must be abandoned.

THE BRITISH MUSEUM.

WE understand that the trustees of the British Museum are about to institute an inquiry into the alleged insanitary condition of the rooms allotted to the different departments, more especially into that of the Printed Book Department, which has become notorious in consequence of the death of Mr. E. A. Warren being directly attributable to the unwholesome atmosphere in which he was compelled to work. It is strange that no action has been taken before in the matter. The late Mr. Deutsch used to attribute the illness which led to his death to the same cause, and complaints from other officials have been loud and frequent. Mr. Warren, we believe, went so far as to request his medical man to report upon the subject to the trustees. Yet, notwithstanding the repeated remonstrances of officials of acknowledged position and influence, the trustees have entirely ignored the question, and would no doubt have continued to do so had not the death of Mr. E. A. Warren evoked a strong expression of public feeling in the matter. We hope the present inquiry will not only be full and complete, but also public. We must know in what degree the death of Mr. Deutsch and Mr. Warren, and the illness of other officials, are attributable to the foul air of close and insufficiently ventilated rooms, and receive a distinct assurance that, if such conditions exist, prompt and efficient measures will be adopted to remedy the evil.

NEW DRUGS.

WHILE within a comparatively few years many valuable new drugs have been added to our Materia Medica, careful experimentation on the lower animals and on man have led to the discovery of new properties in old ones. Chloral hydrate, croton chloral, nitrite of amyl, guarana, and jaborandi are some of the more recent additions, the last-mentioned having been known in England only a few months. Jaborandi, according to Dr. S. Continho, who took the first specimen to Paris, where the drug has been largely used, is the produce of a shrub which grows in the interior of some provinces in the north of Brazil, the leaves of which somewhat resemble those of the bay-tree. The leaves have a powerful diaphoretic and sialagogic action. An interesting account of its physiological effects and a description of the leaf are given in our contemporary the *Pharmaceutical Journal* of the 16th inst. by Mr. Martindale, who first introduced the drug to the notice of English physicians through the medium of Dr. Ringer, who has already conducted many interesting experiments, the results of which we hope soon to lay before the profession. Mr. Martindale swallowed about fifty grains of the powdered leaf in an infusion, and in fifteen minutes he sweated profusely, and had an excessive flow of saliva. These effects gradually increased. In about half an hour after taking the drug the vision became curiously affected. Distant vision was obscured, although vision for reading or for near objects was quite good. The pupils were not contracted, and were perhaps even a little dilated. Sixteen ounces of distinctly alkaline saliva were collected in a few hours, and the sweating was so great as to soak the bedclothes. It would seem, therefore, that in addition to its diaphoretic and sialagogic effects, jaborandi in a large dose causes tension of the accommodative apparatus of the eye, although this peculiar action does not appear to have been observed by others.

In the *Chemist and Druggist* of the 15th inst. there is a notice of a still more recent aspirant to therapeutical honours. M. Rabuteau has lately presented to the Société de Biologie a specimen of a Mexican plant known as Yerba del Perro—dog-plant, and gives an account of some experiments performed on animals. This drug causes wide dilatation of the pupil, and, like jaborandi, excites an enormous flow of saliva. It exercises its fatal effects through the brain. The plant is stated to belong to the natural order Compositæ.

AMBULANCES.

SOME three or four years ago a fund was started, chiefly through the exertions, we believe, of Dr. Horace Jeaffreson, to provide ambulances to be stationed in various parts of London for public use. The practical result of that movement appears to have been the establishment of four of these vehicles respectively at the Fever Hospital, Liverpool-road, at University College, King's College, and the London Hospital. And there this very useful work appears to have ended, although these carriages are admirably adapted for the purpose, and ought to be in the possession of every London sanitary authority. We take it, indeed, that the ratepaying public are in this, as in many other things, utterly deluded and ignorant. Commodious hospitals are provided by the Metropolitan Asylums Board for contagious and infectious diseases, and no expense is spared to render treatment profitable to the patients. And it is natural to suppose that the patients should be conveyed to these hospitals as comfortably as possible. But do the public know how the various local authorities interpret the word "ambulance"? An ordinary street cab, an old "fly," an old street "coach," a sort of hooded spring-cart with the door at the end, and the same sort of vehicle with a door at the side, are all doing duty as ambulances in London. No special objection seems to be made against them, although, as it is impossible to lie down in a cab, and equally impossible to remove a patient helplessly ill from any of the other vehicles above-mentioned without a most cruel amount of pulling and hauling, it would appear that some more convenient sort of carriage might be provided. However, we must be thankful for small mercies, for some sanitary authorities do not possess an ambulance at all, but rely upon their neighbours, or upon the nearest union for such assistance. Meanwhile, we believe that the resident officers at Stockwell, Homerton, and Highgate are able to verify the statement that, as a rule, the present ambulance system is an utter farce, tending to aggravate the sufferings of the patients, and hence requires speedy and radical reformation.

THE QUARTERLY REVIEW AND MR. DARWIN.

WE recently called attention to the fact that Professor Huxley, in a review of Haeckel's Anthropogenie—of which we are glad to observe an English translation is about to appear,—dealt some heavy blows at the reviewers of Mr. Darwin's works in the *Quarterly*. It is therefore only just to the writer of one of these reviews, that which appeared in 1874, to notice his reply in the last number of *The Academy* to the Professor's charges. The reply is temperate in tone and clear enough in its statement. It appeals first of all to the fact that a similar statement to that which Professor Huxley now impugns was published three years previously and allowed to pass unchallenged; and secondly, that both statements were based upon what Mr. Darwin had himself expressly said; and, after all, he must have known his own meaning and intentions better than even the most eager of his disciples. Mr. Darwin's words in his introduction to his "Descent of Man" were to the effect that he had, during many years, collected notes on the origin and descent of man without any intention of publishing on the subject, but rather with the determination not to publish, as he thought he would thus only add to the prejudices against his views. "If this does not," says the *Quarterly* reviewer of 1874, "denote deliberate and intentional 'reticence,' it is to me unintelligible." As regards anything that the reviewer may have said regarding Mr. George Darwin, he is at a loss to understand how it was possible to extract a personal imputation from it, but does not hesitate nevertheless to avow his regret at not having more carefully guarded against any such possible misapprehension. As far as courtesy of tone is concerned, at any rate, the *Quarterly* reviewer comes out of it well. But what necessity is there for our scientific men manifesting such a bellicose spirit? Their readers have a lively time of it, no doubt; for these intellectual encounters always possess more piquancy when there is a *soupçon* of personality added to the arguments. Still, we do not think that it imparts dignity to the combatants.

FEMALE OBSTETRICIANS.

AT the annual meeting of the Obstetrical Society, a notice of which appeared in our columns last week, the retiring President, Dr. Edward J. Tilt, made some strong but apposite remarks on the Society's almost unanimous decision that women were not admissible to the Fellowship of the Society. This decision is really the expression of the deliberate opinion of the great majority of the Fellows of the Society, that women are not by nature qualified to make good midwifery practitioners. This opinion is in perfect accord with what we have frequently advanced. Notwithstanding a few plausible arguments that may be adduced in favour of female obstetricians, it is, we think, a moot point whether obstetrics is not, after all, the very department of medical and surgical practice for which women are, morally and physically, least fitted. Perhaps, indeed, the strongest disqualification of the female obstetrician is the moral; but the physical incapacity of women is more apparent. No one who knows anything of the arduous and anxious duties of the obstetrician, of his exposure to rude and inclement weather, or of the serious contingencies of midwifery practice, is justified in seriously encouraging women to enter upon this field of labour. But there are other considerations than those of tenderness for the female aspirants to medical honours which should have some weight in the agitation for female obstetricians. The science and art of midwifery would be impeded, if, indeed, they did not retrogress, because, as a rule, only those women who from the first were obliged to work for their living would have need to engage in the work, and as a direct result of this, the country, especially the rural districts, would be overrun with unskilful, uneducated midwives, already, alas! too numerous.

THE LIERNUR SYSTEM OF SEWERAGE.

WE have received a letter from Mr. Adam Scott drawing attention to the financial aspect of the Liernur system. The Southport deputation, on their visit of investigation to Leyden, found that the expenses amounted to £140, whilst the income derived from the sale of the excreta was £166; leaving a profit over expenses of £26. Mr. Scott wishes us, however, to state that at Leyden the scheme is at present on a very small scale, only 1200 persons being accommodated, though it is to be applied to the whole town. The consequence is that the pneumatic engine works only three hours daily; and as the same engine and men can serve a district six times as large, with the additional cost only of a little more fuel, Mr. Scott calculates that if we multiply the receipts six times it gives £996, and, deducting expenses as before—£140 *plus* £56 for extra fuel,—leaves a profit of £800 for every 7000 persons. This shows that the proportionate profit of the small district at present served is really £133⅓, instead of £26, which the figures, unexplained, would seem to show. Also it must be remembered that the manure at Leyden is sold in its fluid condition, and is therefore bulky, and consequently costs more in transit than the poudrette the manufacture of which involves but little more outlay than the first cost of the machinery. If we remember rightly, the Southport deputation said there was no doubt as to the feasibility of manufacturing this article.

THE ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR.

THE annual meeting of governors of this excellent institution was held at the offices of the hospital, 14, John-street, Adelphi, London, on the 18th inst. The report presented showed that very great and satisfactory progress had been made during the past year.

Among the special acts of munificence recorded were the gifts of two memorial houses, one by the Baroness Meyer de Rothschild and the other by the Earl of Strafford. Although the sixteen houses, of which the main portion of the hospital is to consist, have now either been built or are in course of erection, it is found, from the practical working of the institution, that two blocks or subsidiary hospitals are urgently needed, one for men and the other for women, who are waiting their turns for admission into the hospital proper, or in whose cases a longer residence is desirable. These blocks will likewise constitute separate hospitals, and they will bear, like the other houses, if desired, the names of the benevolent donors. Mrs. Hamilton has munificently contributed £1500 for the erection of one of these houses, but the Committee are unable to commence building until some benevolent donor or donors are found to bear the cost of the adjoining house. The central hall, so much needed for the instruction and amusement of the patients, will shortly be commenced, only £400 being now required to complete the cost of the building. There are still, however, other urgent requirements, such as a laundry, sea baths, bakery, dairy and farmyard buildings, &c. The twelve acres additional land leased by the Committee last year has proved a very valuable acquisition.

The annual subscriptions are only £800, and the Committee, while gratefully thanking the governors and friends for their generous support during the past year, earnestly appeal to all to increase the annual income of the hospital. As one means of providing the necessary funds, a grand Fancy Bazaar will be held in May, at the Duke of Welling-

ton's Riding-school, Knightsbridge, under royal and distinguished patronage. Contributions of money and work will be gladly received by the Secretary.

MEDICAL MEN AND THE REGISTRATION OF BIRTHS.

A LETTER, which we print elsewhere, from Mr. Glenn, the author of a statement in the "Medical Directory" to which we lately took exception, renders it necessary for us to say that we still hold that statement to give an uncalled-for and objectionable prominence to the responsibility of medical men in respect of giving information of births to registrars. We are probably as familiar with the new Registration Act as our correspondent, and we repeat that the responsibility of giving information of a birth will not devolve upon a "person present at the birth" until not only the *parents*, but the *occupier* of the house have made default. Mr. Glenn says that in default of the parents, the duty is cast "*equally* upon a variety of persons, including medical men;" but the information is only required from *one* person, and obviously, therefore (whatever may be the dry, legal way of reading the Act), it was contemplated that a distinction would be drawn in practice so as out of the "variety" of informants to establish degrees of responsibility. This has been done in the Official Regulations (which now have the force of law), the registrars being enjoined to prefer the informants in the order adopted in the Act; and as they are not to take steps for obtaining information from the "occupier" if either of the "parents" is accessible, so a "person present at the birth" will not be required to give the information until both parents and occupier have made default. As we have before said, there is not the least probability that medical men will be troubled by any new requirement in respect of the registration of births, for if a "person present at the birth" is wanted as an informant, the midwife or the nurse will almost certainly be called upon in preference to the medical attendant.

DEATH FROM HYDROPHOBIA AT THE CHARING-CROSS HOSPITAL.

ON Sunday last, a servant-girl, aged nineteen, who had been an in-patient in November, 1874, on account of a dog-bite of the right arm, was readmitted to the Charing-cross Hospital, under Mr. Hird, complaining of extreme languor, and that she had not slept at all during the previous night. In the course of Sunday evening she manifested distinct symptoms of rabies, spasm, with hurried respiration, being easily provoked by any draft of air. Her symptoms in many respects resembled hysteria, but all remedies that were tried failed to induce sleep; her pupils remained widely dilated, and she expired on Wednesday night last. Throughout she refused to take nourishment by the mouth, but beyond this exhibited no marked dread of fluids. We hope, at a future date, to be able to publish the case *in extenso*, with notes of the post-mortem examination, which was proceeding when we went to press. The temperature, which was regularly recorded, remained about 100° F., having reached 100·6° on the day of admission only.

THE POLLUTION OF RIVERS.

AN influential deputation of gentlemen connected with Sheffield, Doncaster, Rotherham, and other towns situated on the river Don, waited on Mr. Cross and Mr. Sclater Booth at the Home Office last Saturday, with a view of obtaining assistance in any future legislation that might be proposed to prevent the pollution and obstruction of the river Don. The condition of this river with respect to sewage pollution was described as even worse than that of the Irwell and the Aire, yet it is the chief source of the water-supply of Doncaster and other towns situate on its banks. The amount of the obstructions was on the increase, the river being used as a sort of deposit-bed from various mines and mills along its course. Mr. Cross, in reply to the deputation, remarked that two very important questions had been laid before him: the one referring to the subject of sewage, the other to the blocking-up of the river. With regard to the first, he feared that, in spite of the sanitary measures already adopted, "excremental disease" was largely increasing, and that there is a growing feeling among the people who think about the matter that it is a question which deserves the serious attention of the Government of the day. Mr. Roebuck, in thanking the right honourable gentleman, hoped that the Government would pluck up a little courage, and said that then there would be no difficulty in dealing with the matter efficiently.

ANGLO-SAXON STOMACHS.

THE visit of the Lord Mayor to Paris has given rise to numerous newspaper paragraphs, and our French contemporaries have, as usual, displayed much sympathy with Great Britain, and a complete ignorance of the relative position of the Lord Mayor in this metropolis. But a medical journal—*L'Union Médicale*—takes the first magistrate of the City to task from a hygienic point of view. The author of the article first mentions that the Teutons possess intestines some yards longer than the Latin races, and that, according to Serres, such a circumstance places the Tenton on a somewhat lower grade of animality. Hence a certain amount of gluttony among the Teutons in general and the Anglo-Saxon in particular. Then follows a description of the luncheons and dinners devoured by the Lord Mayor and his suite, instancing a luncheon or *déjeûner* given to this magistrate at the Grand Hotel by the representatives of English commerce at Paris, which began at noon and ended at four. Two hours afterwards the Lord Mayor was at the table of the "Prefect of the Seine." The next day the City dignitary dined at seven with Marshal Macmahon, and was at three o'clock still at a luncheon given him by the correspondent of the *Daily Telegraph*. Now, this may be very amusing in a humorous article, but does not prove a great ventricular capacity, in spite of the proverbial aldermanic love of good cheer. The Lord Mayor and his suite may on each occasion have eaten more or less, but the worthy magistrate could hardly avoid being courteous to those who were evidently anxious to *fête* him in the capital of France.

LIVERPOOL AND THE CONTAGIOUS DISEASES ACTS.

IT having been publicly represented that the medical practitioners of Liverpool were, as a body, opposed to the Contagious Diseases Acts, the following letter addressed to the Home Secretary is in course of signature, and has already received over one hundred and fifty names. This may be regarded as a complete denial to the statement made:—

"*To the Right Honourable R. A. Cross, Her Majesty's Secretary of State for the Home Department.*

"It having been publicly stated that of the medical practitioners in Liverpool not more than twenty-six could be induced to sign a memorial in favour of the Contagious Diseases Acts, and that at the present time it would be impossible to find twelve medical men in Liverpool who are favourable to the said Acts; we, the undersigned medical practitioners of Liverpool, beg to express our approval of the Acts as at present in operation in seventeen garrison towns and ports in the United Kingdom, and to state that we are not in favour of a repeal of those Acts."

Here follow 157 names.

DR. H. W. RUMSEY.

WE are sure that our readers will share in the deep regret with which we have learnt that Dr. Rumsey has been stricken down by a serious illness that has suddenly, and in a wholly unexpected manner, befallen him. Of high culture, unbounded zeal, and stout in the maintenance of his opinions, he has been often in the forefront of professional discussion; and upon public health questions, in which he took the deepest interest, a thorough acquaintance with details as well as general principles rendered him a powerful friend or a formidable foe as occasion determined. In these days, when half-heartedness seems to be reckoned almost a virtue, the loss of such a man as Dr. Rumsey from the fighting ranks is a misfortune, and we fervently hope that the shadow which is now cast over him may in due time pass away so that he may be restored for yet many years of usefulness to the profession and to the public.

THE WORTHING INFIRMARY.

A SPECIAL meeting of the governors of this institution was held on Tuesday last for the purpose of electing a physician, in accordance with a recent resolution to the effect that medical as well as surgical cases were to be treated as in-patients. The candidates were Dr. Goldsmith, who had been on the surgical staff for several years (but had resigned in order to become a candidate for the physiciancy), and Dr. J. E. Grinfield Coxwell, a new-comer. A somewhat turbulent discussion arose as to the exact cause of Dr. Goldsmith's resignation and subsequent candidature, Mr. H. C. Burdett, who has prominently urged the adoption of the recent changes, was not permitted to speak because his subscription was of less than six months date, and a variety of irrelevant conversation ensued. Ultimately a ballot took place, and Dr. Coxwell was declared to be the successful candidate.

THE COLLEGE OF SURGEONS' MUSEUM.

THE Museum of the Royal College of Surgeons of England contains a series of casts of the interior of the cranial cavity, representing exactly the form and size of the brain (when covered by its membranes) of men of various races, and of many other species of animals. Several applications having been made for copies of these casts, and believing that many educational institutions will be glad to avail themselves of the opportunity of possessing them, the Council has authorised duplicates to be taken, and issued at cost price. A list will be forwarded to anyone applying to Mr. Flower on the subject.

THE CHEMISTRY OF MILK.

AT a scientific meeting of the Royal Dublin Society, held on Monday last, Dr. Cameron, city analyst, read a paper on this subject, in which he stated that the white colour and opacity of milk were due to the fact that the fat-globules in milk are invested with a caseous solid membrane which reflected light. The fats of butter can be extracted from milk, and yet the residue will retain the characteristic appearance of that fluid. Buttermilk which contains only 0·5 to 0·7 per cent. of fats is another illustration, being a perfectly white liquid.

THE CORONERSHIP OF SALISBURY.

WE regret to learn that the cause of Dr. Edward Young resigning the coronership is continuous ill-health from thirty years' hard work in practice. It must be no mean consolation to Dr. Young to have noticed the terms in which the Mayor of Salisbury referred to the manner in which he had discharged the duties of his office, and expressed regret at his resignation. We sincerely trust that well-earned repose will restore much of the health which Dr. Young has lost. We are sorry to have to report that a lawyer, Mr. George Smith, has been appointed coroner in place of Dr. Young. Strange to say, too, Dr. Lush seconded his nomination. He declined to support the medical candidate on the ground of his recent connexion with Salisbury.

ELASTIC BANDS IN THE TREATMENT OF LUXATION AND FRACTURES.

M. DUMAREST has just published a thesis in which he treats this subject. He shows that by elastic tractions we can dispense with anæsthesia, which in luxations may prove dangerous. Charles Legros and Anger had proved some time ago that an elastic traction of forty pounds will reduce the head of the humerus in twenty minutes, and double the weight will lead to the reduction of the head of the femur in thirty minutes. Elastic traction has proved most useful in fractures also, especially where a tendency to constant displacement foils the efforts of the surgeon. Of course some prudence is indispensable in the use of so powerful an agent.

HOSPITAL SUNDAY IN DUBLIN.

DUBLIN has caught the contagion of Hospital Sunday, and made a very successful beginning. The collection amounts to £3305 from 150 congregations. The Distribution Committee seem to have acted with independence and propriety in the distribution of the funds. The City of Dublin Hospital, with general approval, got the largest award, £1100. Two hospitals held aloof, the Adelaide and the Meath, and it is well known that Cardinal Cullen withheld his support from the movement. Let us hope that all churches and hospitals, ere another year, will unite in a catholic spirit in this great work, and double the amount of the collection.

HETEROPLASTY.

M. B. ANGER has communicated to the Academy of Sciences of Paris a paper wherein he mentions that he has succeeded in transplanting large pieces of skin, taken after recent amputations, upon large ulcers and extensive losses of substance after burns. This he calls heteroplasty. The author uses the whole thickness of the skin, and takes care that the temperature of the part to be transplanted be not low. In fact, he has laid patients side by side so as to convey the skin of one without the least delay upon the ulcer of the other. M. Anger is very careful to say that the general health of those patients who furnish skin should be thoroughly investigated before the operation.

PRINCE LEOPOLD.

ACCORDING to the latest information, the condition of His Royal Highness Prince Leopold is precarious. Although he slept for several hours on Wednesday night, the degree of debility was on the next morning intensified. Attacks of sickness have supervened, while the hæmorrhagic discharges give unerring indications of abdominal mischief. We have the consolation of feeling assured that everything that human skill and solicitude can suggest is being done for the Prince.

MR. GLADSTONE.

WE are glad to have pretty good grounds for stating that the step lately taken by Mr. Gladstone, so much to the regret of all who appreciate high statesmanship, has no foundation in his physical health. We will indulge the

hope, as indeed we have the conviction, that no great question will arise affecting the health or the well-being of the people which will not have all the help that is implied in Mr. Gladstone's interest and sympathy.

THE effect of cold weather on the vital powers is strikingly shown in the recent report of the Registrar-General for Scotland. The deaths registered in the eight principal towns north of the Tweed in December last amounted to 3906, a number which is above 1000 more than in the preceding month, and nearly 700 more than in any month since the registration commenced in 1855, and 973 above the December average of the last ten years, after making allowance for increase of population. This excessive mortality was chiefly due to inflammatory affections of the respiratory organs, which, including whooping-cough and croup among children, made up 45·7 per cent. of the whole death-roll. We hope such spells of "seasonable" weather will be rare in future winters.

AT a meeting held a few days ago in Exeter, with the object of establishing a Local Society for the Prevention of Cruelty to Animals, the Baroness Burdett Coutts delivered a most excellent and characteristic address in aid of the movement. Her ladyship, whose benevolence and discriminating charity are too well known to need fresh illustration at our hands, has again set a worthy example to the ladies of England, who have it in their power to do a vast amount of good in repressing the brutality with which animals are so frequently treated. We wish the Exeter Society every success in its work.

DR. FUSSELL, medical officer of health for Eastbourne, has published a report on the sanitary state of the town for the six months ending January 1st, 1875. During the period the death-rate was 16·50 per 1000 annually; 5 per cent. of the mortality, it should be observed, occurring amongst visitors. Dr. Fussell complains of certain structural defects in many of the houses in the town, whereby sewer gas might find its way into the dwelling-rooms, which cannot be too soon rectified. Zymotic disease appears to be very rare in Eastbourne, a fact on which the authorities are to be congratulated.

THE *Surrey County Times* states that the Government inquiry into the alleged insanitary condition of Godalming and Farncombe already reveals a very sad state of matters. It was admitted on all hands that if any epidemic were to break out neither the town nor the village is prepared to cope with it. The inquiry, however, as far as it went, may be considered almost futile, as the representatives of the Rural Sanitary Authority seem to consider that they had had no invitation to be present, and half the arguments turned on points of etiquette.

SINCE the outbreak of fever in Carlisle, over 200 deaths from that cause alone have been registered. In the two hospitals in the town there are now 18 cases under treatment, while there is no appearance of the abatement of zymotic disease. Typhus, enteric, and scarlet fevers in turn make their presence felt. The town authorities would seem at last to be awaking to the gravity and necessities of the situation, and have instituted numerous sanitary operations.

THE house-surgeon of the County Hospital of Dorset, objecting to board at the table of the matron, and not getting redress from the committee, has resigned. We are sure that committees of hospitals will find it best at once to provide for the separation of the boarding arrangements of these officials.

THE mortality in London last week amounted to 1911 deaths, including 5 from small-pox, 12 from measles, 59 from scarlet fever, 14 from diphtheria, 53 from whooping-cough, 43 from different forms of fever, and 13 from diarrhœa. The Asylum District Fever Hospitals at Homerton and Stockwell contained 108 fever patients on the 16th inst., against numbers declining from 145 to 102 in the preceding five weeks. Different forms of violence caused 68 deaths in the week.

DR. DAVIES, medical officer of health for Bristol, in his address on the sanitary requirements of large towns, read before the Birmingham Conference, stated that the Bristol authorities had erected a hospital with twenty beds for the reception and isolation of small-pox patients who are not paupers. A hospital for fever patients of the middle class has also been established. These institutions have been found fully equal to the necessities of the town.

DR. LYTTLETON F. WINSLOW has published a "Lunacy Chart," containing a synopsis of the Lunacy Acts having special reference to the management and care of persons of unsound mind. The chart is framed and intended to hang up in a room. It will be found extremely useful for immediate and easy reference.

WE understand that Dr. Robert Barnes has relinquished the appointment of Obstetric Physician to St. Thomas's Hospital, in order to fill a similar position at St. George's Hospital, where he was a student.

OWING to Sir William Jenner's attendance on Prince Leopold at Osborne, he will not be able to deliver the presidential address this (Friday) evening before the Clinical Society.

DR. ERNEST SANSOM has been elected an Honorary Fellow of the Medical Society of the State of New York.

THE COLLEGE OF SURGEONS.

A VERY important resolution was proposed by Sir James Paget at the meeting of the Council of the College of Surgeons last week, and carried, as a basis for the future reorganisation or renewal of the Conjoint Examination scheme, when the College shall have obtained its "Enabling Act." It will be seen on reference to THE LANCET of March 22nd, 1873, that the Committee of Reference originally recommended that there should be thirty-eight examiners, but the number was afterwards raised to forty when the celebrated compromise with the College of Surgeons was made last autumn. The motion of Sir James Paget retains, it will be seen, the latter number, and there is still, we regret to find, no provision for examiners in Forensic Medicine or Public Health—subjects the growing importance of which becomes greater every day.

The propositions of Sir James Paget are as follows:—

1. That the appointments of examiners be divided among the co-operating authorities.
2. That each of the authorities devise its own method of making the appointments assigned to it.
3. That to the College of Surgeons be assigned the appointment of not less than ten examiners, nor less than one-fourth of the whole number, including therein not less than three-fourths of the examiners in Surgery, and not less than half of those in Anatomy and Physiology.
4. That the Universities appoint one-fourth of the examiners in each of the subjects of examination.
5. That the rest of the examiners, including one-fourth of those in Anatomy and Physiology, and three-fourths of those in all other subjects except Surgery, be appointed by the

College of Physicians and the Society of Apothecaries, in such proportions as they may think fit.

6. That in each of the subjects of examination there be supplemental examiners, who may take the place of examiners disabled by illness or otherwise.

7. That the number of such supplemental examiners in each subject do not exceed one-fourth of the number of ordinary examiners in the same subject.

8. That the supplemental examiners in Surgery and in Anatomy and Physiology be appointed by the College of Surgeons, and those in the other subjects by the College of Physicians and Society of Apothecaries in such manner as they may think fit.

A plan is annexed showing the suggested distribution of the appointments of the proposed forty examiners, and of ten supplemental examiners.

	Ordinary Examiners to be appointed by the				Supplemental Examiners to be appointed by the		
	College of Surgeons.	College of Physicians and Society of Apothecaries.	Universities.	Total.	College of Surgeons.	College of Physicians and Society of Apothecaries.	Total.
Anatomy and Physiology	4	2	2	8	2	0	2
Chemistry	0	3	1	4	0	1	1
Materia Medica, Medical Botany, and Pharmacy...	0	3	1	4	0	1	1
Surgery	6	0	2	8	2	0	2
Medicine	0	6	2	8	0	2	2
Midwifery	0	6	2	8	0	2	2
	10	20	10	40	4	6	10

THE UNIVERSITY OF LONDON.

AT the meeting of Convocation of the University on Tuesday, January 9th, the first resolution, stating that "in the opinion of Convocation, it is desirable that a special examination be instituted in this University in the subjects which relate to Public Health," was, in the unavoidable absence of Sir William Jenner and Dr. Bond, moved and seconded by Drs. Barnes and Buchanan. A telegram was read from Sir William regretting that he was unable to attend, and urging the adoption of the motion which stood in his name. Dr. Barnes, in moving the resolution, referred to his own experience as a sanitary officer, a post which he had felt compelled to resign from not having received the necessary education, although he had graduated at the University. He also spoke in high terms of the work done in the laboratory devoted specially to this department at Netley Hospital under the supervision of Dr. Parkes, whose presence in the Senate of the University would be of invaluable assistance in framing any scheme to effect the end in view. Dr. Buchanan, in a few words, pointed out that the department of Public Health was a distinct branch of medical education, and should be placed on the same level as Surgery and Medicine, for which higher degrees were now granted by the University to those who had passed the examination for the degree of Bachelor of Medicine. The details of the special examination, and the nature of the qualification to be granted to those who passed it, he thought would be best left in the hands of the Senate under the guidance of Dr. Parkes. In response to an invitation by Dr. Sibson, the chairman (Dr. Storrar) announced that a committee had two months previously been appointed by the Senate to consider this question, that their report was completed, and would be taken into consideration by the Senate on the following day. The resolution was then put, and carried unanimously. The remaining resolution on the paper was to the effect that "it is desirable that women should be permitted to take degrees in arts in this University." The resolution was moved by Mr. A. P. Hensman, B.A., and seconded by Mr. George Serrell, M.A., but as it was not only directly counter to the resolution recently passed in the Senate with regard to conferring any degrees at all upon women, and as, moreover, by the terms of the resolution its scope had been materially narrowed from that which was passed by a large majority at the last meeting of Convocation, it was evident that the feeling of the House was against any further proceedings in the matter. Accordingly the adjournment of the meeting was moved by Mr. Nesbitt and seconded by Mr. Smith Osler, both of whom were supporters of the principle of granting degrees to women, while the latter had had charge of the former resolution in the Senate; and on appeals being directed from Mr. Shaen and Mr. A. W. Bennett the resolution was withdrawn. The number of graduates present was by no means large, and the whole proceedings lasted but an hour and a half.

THE BIRMINGHAM SANITARY CONFERENCE.

THE Sanitary Conference held on the 14th instant at Birmingham, of which we gave a short account in last Saturday's LANCET, was attended by many medical officers of health, and by a large number of ladies and gentlemen interested in sanitary matters. The Mayor presided, and among those who were present on the platform were Mr. G. Dixon, M.P., Mr. P. H. Muntz, M.P., Sir S. Waterlow, M.P., Mr. T. R. Hill, M.P., Sir Charles Reed, Drs. Sandwith, C.B., Acland, Buchanan, Bell Fletcher, Foster, Fergus, A. Hill, Goldie, Barnes, Kenyon, Pritchett, Taylor, Wade; Baillie Morrison of Glasgow, and the mayors of Scarborough, Carlisle, Portsmouth, Plymouth, Dewsbury, Hanley, Swansea, Dudley, Newport, &c.

In opening the Conference, the MAYOR expressed pleasure at the representative character which this meeting had assumed, 100 corporations and local boards having sent representatives. The object he had in view in convening the meeting was to arouse the public mind to the importance of sanitary questions. In proof of the necessity for improvement in the condition of the lower classes, he quoted from a report prepared by Dr. Lee, the officer of health for the city of Manchester, showing that the average age at death of the gentry of Manchester was thirty-eight years, while in the case of the labouring classes it was seventeen years. Again, taking infants under five years of age, for every 100,000 living in favoured districts, 2400 died; while in Birmingham 9500, in Manchester 11,800, and in Liverpool 13,300 died. The annual loss to Birmingham from the 3000 deaths which occurred from preventable diseases, he calculated to be no less than £54,000. He hoped that the meeting would not occupy its time in discussing individual theories, but would deal rather with systems, and that the result of their deliberations would be the advancement and welfare of the people.

Dr. HILL, medical officer of health, read the first paper "On the Sanitary Condition of Birmingham." He showed that although Birmingham, from its high elevation, undulating surface, sandy soil, large acreage, absence of cellar or attic dwellings, and great diversity of trades, formerly was the most healthy of the large manufacturing towns, it had recently, owing to the extraordinary development of zymotic diseases, which last year amounted to nearly 24 per cent. of the total deaths, lost that character. If the deaths from zymotic diseases were excluded, the mortality of Birmingham was only a fraction above that of London, was less than that of Norwich, and much less than that of Liverpool, Manchester, Leeds, and Newcastle. Dr. Hill condemned the construction of back-to-back houses, advocated the adoption of Mr. Stott's plan of ventilating sewers, by which the gas is drawn up into boiler furnaces and consumed; the abolition of middens and cesspools, and the substitution of the pan system or of detached waterclosets; the use of artesian in place of surface wells; and, lastly, the necessity for special hospitals for infectious diseases.

Dr. DAVIES, medical officer of health for Bristol, then spoke on the different measures necessary for the preservation of the health of large communities. The most important, he considered, was the removal of all excrementitious matters by water-tight sewers, such sewers to be well flushed with water, and all communication between the sewers and the interior of the houses to be avoided. The next requisite was an ample supply of good water. He stated that at Bristol all the public wells except three had been shut up by the sanitary authority, owing to the water in them being contaminated with sewage. Removal of non-pauper persons affected with zymotic diseases to two special hospitals, one of 20 and the other of 24 beds, had produced excellent results at Bristol, and although there was a population of over 200,000, the hospital accommodation had proved sufficient. He spoke strongly against overcrowding and the Scotch system of flats, and recommended the provision of well-ventilated and dry houses as the best means of preventing phthisis. The death-rate of Bristol before 1865 was 28 per 1000, but was now not more than 23·5 per 1000 per annum.

Dr. GOLDIE, medical officer of health for Leeds, read a paper on the sanitary state of that town. He said that they had now a good water-supply obtained from Wharfedale, that the sewers were ventilated, at as many points as possible, through the gullies in the open streets; that last year he had closed 96 cellar dwellings, and that when epidemic diseases showed themselves he called attention to the fact in the local press, and stated that if the means he recommended for the prevention of the diseases were not adopted, he availed himself of the powers granted under the Public Health Act, 1866, ss. 38 and 39.

Mr. DEACON, borough engineer of Liverpool, read the paper prepared by Dr. Trench, of which we gave an abstract in THE LANCET of last Saturday.

Alderman SCHOFIELD, in the absence of Dr. Lee, read a paper prepared by Dr. Lee on the privy and ashpit system in Manchester. The city was stated to be well supplied with water.

Dr. B. FOSTER, of Birmingham, then gave an interesting address on "The Comparative Mortality of Birmingham and other Large Towns," which he illustrated by the following statistical table:—

Table of Mortality per 1000 *Inhabitants from All Causes and Certain Special Causes in Birmingham and Eight other Districts.*

REGISTRATION DISTRICT.	Decade.	Death-rate from all causes.	Fever.	Diarrhœa and Cholera.	Diphtheria.	Total Zymotic.	Proportion of death to each cause to death from all causes. Zymotic per cent.	Diarrhœa per cent.
12 Healthy Rural Districts	51 to 60	17·1	·6	·4	·18	2·9	17·	2·3
	61 to 70	17·4	·59	·38	·22	—	—	2·2
England and Wales	51 to 60	22·	·91	1·08	·1	4·95	22·5	4·9
	61 to 70	22·4	·88	1·08	·18	—	—	4·8
London	51 to 60	23·7	·85	1·5	·08	6·1	25·7	6·3
	61 to 70	24·3	·89	1·29	·18	—	—	5·3
Bristol Parish	51 to 60	26·9	·95	1·3	·07	5·75	21·37	4·8
	61 to 70	26·9	·93	1·2	·18	—	—	4·3
Liverpool	51 to 60	33·3	1·35	2·9	·05	9·4	28·2	8·7
	61 to 70	38·6	3·1	2·9	·17	—	—	7·7
Manchester	51 to 60	31·5	1·25	2·4	·04	8·	25·5	7·6
	61 to 70	32·8	1·7	2·6	·16	—	—	7·9
Leeds (Borough)	51 to 60	27·7	1·1	2·25	·05	6·8	24·5	8·1
	61 to 70	29·8	1·4	2·37	·13	—	—	7·9
Sheffield	51 to 60	28·4	1·3	2·2	·20	7·9	27·8	7·7
	61 to 70	29·	1·4	2·1	·19	—	—	7·2
Birmingham	51 to 60	26·5	1·	2·2	·07	7·15	27·	8·3
	61 to 70	26·6	·79	2·	·34	6·98	26·3	7·5

Short speeches, none exceeding ten minutes in duration, were then made by the Mayors of Carlisle, Portsmouth, and Dudley, by Dr. Sandwith, C.B., Alderman Tatham (Leeds), Mr. Challinor (Leek), Dr. Hinde (Sheffield), Dr. Fergus (Glasgow), and Mr. Yeld (Sunderland). The Conference then adjourned, and in the afternoon papers were read by Mr. W. Martin (Birmingham) on "Improved Dwellings for the Working Classes," and by Sir Sydney S. Waterlow on "The Dwellings of the Poor," in which he gave a short history of the success which had attended a society for the erection of working men's dwellings over which he had presided for many years.

Mr. BAILIE MORRISON, chairman of the committee of management of the Glasgow Improvement Trust, read a paper on the high rate of mortality in Glasgow, with observations on the measures taken by the municipal authorities to reduce the same, as carried out under the Glasgow Improvement Act, 1866.

Mr. A. WALTON read a paper prepared by Mr. W. Swindlehurst, tracing the origin and progress of the Artisans', Labourers', and General Dwellings Company (Limited). He stated that every attention had been paid to sanitary measures, dry ash-closets having been adopted where waterclosets did not exist, and no drains being allowed to pass underneath the houses.

Dr. TAYLOR, chairman of the Health Committee, Liverpool, and the Rev. T. B. Pollock addressed the conference on this subject, and then Dr. Pritchett, of Huddersfield, gave the concluding paper on "Hospitals for Isolation and Treatment of Zymotic Diseases." He insisted on the necessity of sufficient inspection for the instant detection of zymotic diseases, and also on the provision of special hospitals, not only for towns, but for rural districts; on distinct wards being provided for the accommodation of those who could pay for privacy and special nursing, and also on the propriety of the nursing of patients being conducted by

intelligent nurses or by ladies who wished for benevolent work.

The meeting closed with a vote of thanks to the visitors, which was moved by Mr. G. Dixon, M.P., and responded to by Sir S. Waterlow and Sir Charles Reed, and with another vote to the Mayor for the courtesy and judgment he had shown in conducting the business of the conference.

Obituary.

ROBERT ADAMS, M.A., M.D.

IN announcing the death, at the ripe old age of eighty-four years, of this illustrious Irish surgeon, we very nearly complete our obituary notices of the roll of that "old Guard" of Irish surgery which, commencing with the elder Dease and with Peile, has now all but terminated with the subject of this brief memoir. When one reflects that at a period previous to the starting of this journal Robert Adams had earned for himself a name amongst surgical authorities, the announcement of his death at the present moment, full of honours as of years, cannot fail to arouse memories, and to suggest many and varied thoughts. On the roll of the Supplemental Charter of the Royal College of Surgeons in Ireland, bearing date the 24th January, 1844, his name is the eighteenth which occurs. And whose are the names immediately preceding it? Peile, the eminent lithotomist of the day, Crampton, Kirby, Read, Cusack, Jacob, and William Henry Porter, all of whom have passed from our midst; whilst in the charter granted the College in the year 1828 by His Majesty George IV., we find his name recorded as one of those to whom the charter was given, the list commencing with the names of Henthorn and Rawdon Macnamara, and including such worthies as Wallace, Hargrave, Macklin, Abraham Colles, O'Reilly, Hutton, Carmichael, Harrison, Wilmot, McDowell, Beatty, Hewson, Houston, Shekleton, Flood, Smyly, and many others who have preceded him in their departure from this world, whilst still surviving him we find in this honoured roll the names of Benson, Fleming, MacDonnell, and perhaps one or two others.

Dr. Adams's preliminary education was of a liberal character, and in the year 1810 we find him entered as a student in Arts in the University of Dublin, where he graduated as B.A. in the year 1814, as M.A. in 1832, and as M.D. in 1842. The same year that he entered college he was articled as an apprentice to Wm. Hartigan, at that time a leading surgeon in Dublin, and upon his death, in 1813, he was transferred to George Stewart, at that time Surgeon-General to the army in Ireland, in which post Stewart was succeeded by the late Sir Philip Crampton, on whose death the place was abolished. In 1815 Dr. Adams took out the licence of the Irish College of Surgeons, of which body he was elected a member in 1818, since which period, up to the very day preceding his death, he was actively employed in the discharge of his professional duties, enjoying the respect and confidence, not only of the public, but of his professional brethren, to a very unusual extent indeed. Early in life he was appointed surgeon to Jervis-street Hospital, from whence he moved to the Richmond Hospital, to fill up the vacancy caused there by the death of Ephraim McDowell. It was upon that occasion that the following interesting incident occurred, so strongly illustrative of the magnanimous character of the late Richard Carmichael's mind:—The appointment was contested with Adams by John McDonnell, at present Medical Commissioner on the Local Government Board, and the claims of the two candidates seemed to the electors to be so evenly balanced that they experienced great embarrassment as to which they would select. The difficulty was solved by Carmichael's creating a second vacancy by his resignation of his own post as surgeon to the hospital, he declaring that he was unwilling that the institution should be deprived of the services of either of the candidates, so highly did he estimate their merits—a line of conduct which it is difficult to decide was more honourable to himself or complimentary to the candidates. Some time before his appointment to the Richmond Hospital, Mr. Adams, in conjunction with Kirby and Read, founded the now well-known Peter-street School of Medicine, from which, however, after a time he dissociated himself, and, in conjunction with Carmichael and M'Dowell, he started a school in connexion with the Richmond Hospital, which school is now known as the Carmichael School of Medicine and Surgery. Here he for many years lectured, and whilst thus occupied he wrote those admirable essays on abnormal conditions of the joints which are to be found in Todd's Cyclopædia, and on Disease of the Heart, in the Dublin Hospital Reports. Later on he published his classic work on Rheumatic Gout, now in a second edition, in which he elaborated his views upon chronic rheumatic arthritis, a disease to which, singular enough to relate, he himself was a victim for many years preceding his death. In 1861, upon the death of Mr. Cusack, Mr. Adams was appointed Surgeon in Ordinary to Her Majesty and Regius Professor of Surgery in the University of Dublin, both of which posts are now vacant through his death, as well as a seat on the Senate of the Queen's University, of which he had been for many years a member. A stranger to Mr. Adams might almost realise to himself, from a perusal of his writings, what manner of man he was. A strong sense of honesty in his surgical teaching was a leading feature in his character, and no man was readier to render unto another that which was his professional due, or would more scorn to arrogate to himself the merit due to another than Mr. Adams. He was well versed in the writings of the older continental surgeons, and in his lectures and writings, aye, and even in his consultations, would repeatedly refer to them. Whilst never by any means a brilliant operator, he always was a most successful one, a fact which to a great extent may be explained by the remarkable soundness of his judgment as to whether a case was suited for operation or not. Being eminently social, he enjoyed society, especially that of his professional brethren, upon which occasions no one contributed more than he did to the enjoyment of the party by his rich fund of anecdote—a fund so varied that even his most intimate friends could scarcely recollect his telling the same story twice. The respect in which he was held by the Fellows of the College of Surgeons may be inferred from the fact that on three several occasions they elected him their president, whilst the general estimate of his worth was fully evidenced by the number of his fellow-citizens of all creeds and classes who followed his remains on the morning of the 12th inst. to their resting-place in Mount Jerome Cemetery.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members were elected Fellows of the College at a meeting of the Council on the 14th inst.:—

Lawford, Edward, M.D. Aberd., Leighton Buzzard.
Thomas, Benjamin, L.R.C.P. Edin., Llanelly.

The following gentlemen passed the required examination and received the diploma in Dental Surgery at a meeting of the Court of Examiners on the 15th inst.:—

Atkinson, Jonathan O., Kendal.
Bayliss, Henry M'Ford, Islington.
Cartwright, Alexander, M.R.C.S., Old Burlington-street.
Gill, Henry B., Arnold-terrace.
Henry, William F., Cornhill.
Keeling, George E., Epsom.
Silvester, Simeon T., Croydon.
Wallis, Charles J., Pau, France.
Watson, David, Torquay.

The following gentlemen passed the primary examination in Anatomy and Physiology on the 19th and 20th inst.:—

G. T. Congrave, C. James, S. Skerman, W. H. Crowther, and S. Arnott, King's College; W. W. Cuthbert, W. H. Webb, G. H. Cressey, and C. R. Hall, St. Bartholomew's Hospital; F. Y. Livy, W. J. Heslop, W. S. Merriman, and W. B. Taylor, Owens College, Manchester; W. F. Blake, J. Heelas, H. B. Carter, C. C. Claremont, W. J. Cobbin, R. G. E. Willows, P. Hookham, and R. J. Stokes, University College; A. E. Powell, E. H. Jacob, R. N. Fenwick, G. B. Longstaff, and C. R. Gillard, St. Thomas's Hospital; G. H. Snowden and G. A. Duke, St. Mary's Hospital; W. P. Biden, Charing-cross Hospital; J. Carey, London Hospital; J. R. Blaikie, Cambridge; W. A. Molson, E. G. Henderson, J. L. Ritchie, and R. A. Stevenson, M'Gill College, Toronto; R. Mercer, H. C. Procter, J. S. Sangster, Leeds; F. Wilson and G. B. Moore, Newcastle-on-Tyne; R. Griffiths and C. T. Marks, Dublin; R. F. Godfrey, Montreal; John Todd, Guy's Hospital.

Of the 317 candidates admitted to the recent preliminary examination at the Royal College of Surgeons, 153 were successful for the Membership and 39 for the Fellowship of the College.

COLLEGE OF PHYSICIANS, IRELAND.—At examinations held on January 12th, 13th, and 14th, the following obtained the licences in Medicine and Midwifery:—

MEDICINE.—John William Kennedy, William Masters Rae, Edmond Tully.

MIDWIFERY.—John William Kennedy, Geo. Wyndham Murphy, William Masters Rae.

IT is officially announced that cattle plague has broken out at Jannow, in the district of Lodz, province of Petrokoff, Russia.

DRS. THOMAS B. E. FLETCHER and Thomas P. Heslop have been placed on the Commission of the Peace for Birmingham, and Dr. James Coombs for Bedford.

COLONEL COX and Mr. Cane have been appointed to investigate cases of alleged neglect in sanitary matters at Over Darwen. The inquiry commenced on Wednesday.

THE Mayor of Exeter has addressed a letter to the Hospital Saturday Fund Committee, thanking them for the loan of their collecting boxes. The total amount realised in Exeter was £210 17*s.* 3*d.*

MR. T. LAWRIE GENTLES, medical officer and public vaccinator for the south district of the Derby Union, has received a Government grant (second time) of £70 6*s.* for efficient vaccination in his district.

NAVAL MEDICAL SUPPLEMENTAL FUND.—At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on the 12th inst., Sir Edward Hilditch, inspector-general, in the chair, the sum of £75 was distributed among the various claimants.

CAMBRIDGE UNIVERSITY.—The Linacre Lecturer of Physic (Dr. Bradbury) has given notice that he will resume his lectures on Pathological Anatomy on Tuesday, January 26th, at 10 A.M., and continue them on every succeeding Tuesday, at the same hour, throughout the term. The subject of the lectures for the Lent Term will be the "Pathology of the Bloodvessels and of the Organs of Respiration."

Medical Appointments.

BARBER, O., L.R.C.P.L., M.R.C.S.E., has been appointed Demonstrator of Anatomy at the Sheffield School of Medicine, vice Clarke, resigned.

BLAKELY, S., M.D., has been appointed Superintendent Medical Officer of Health and a Sanitary Officer for the Clogher Rural Sanitary District.

BROCK, W. J., M.B., has been appointed Resident Medical Assistant at the Royal Infirmary, Dundee, vice Harvey, resigned.

BROWN, A. G., M.R.C.S.E., F.C.S., has been appointed a Surgeon to the Surrey Dispensary, Great Dover-street, vice Lomas, resigned.

BUDD, H. G., L.R.C.P.L., M.R.C.S.E. (Assistant-Surgeon for seven years), has been appointed a Surgeon to the Worcester Ophthalmic Institution.

BURTONSHAW, T., L.S.A.L., has been appointed House-Surgeon to the North-Eastern Hospital for Children, Hackney-road, vice BROWN, resigned.

CARTER, G. A., M.D., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Alrewas District of the Lichfield Union, vice Newman, resigned.

CHURCH, W. S., M.D., F.R.C.P.L., has been appointed a Physician to St. Bartholomew's Hospital, vice Harris, resigned.

COCKS, C. C., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the St. Weonard's District of the Ross Union, Herefordshire, vice Bramhall, resigned.

COLE, R. M., L.R.C.P.L., M.R.C.S.E., has been appointed Assistant-Surgeon to the Gloucester Infirmary, vice Waddy, resigned, and appointed a Surgeon.

COUPLAND, S., M.D., has been appointed a Curator of the Museum of the Middlesex Hospital, vice Cayley, resigned.

CRAVEN, R. M., L.R.C.P.Ed., M.R.C.S.E., has been appointed Resident Surgeon at the Worksop Dispensary, vice Strafford, resigned.

CRONYN, J., L.K.Q.C.P.I., F.R.C.S.I., has been appointed Professor of Midwifery at the Royal College of Surgeons, Ireland, vice Sawyer, resigned.

DAVIES, E., M.R.C.S.E., has been appointed Medical Officer of Health for the Swansea Urban and Port Sanitary Districts.

DUNLOP, W., L.R.C.P.Ed., has been appointed Superintendent Medical Officer of Health for the Letterkenny Rural Sanitary District.

FOSTER, O. H., M.A., M.B., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, Hitchin Union, vice O. Foster, M.R.C.S.E., resigned.

FURLEY, R. C., L.R.C.S.Ed., has been appointed Medical Officer to the Poorhouse at Craiglockhart, Edinburgh, vice Smith, resigned.

GILL, S. A., M.R.C.S.E., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Torquay District of the Newton-Abbott Union, vice Hartland, deceased.

LINDSAY, A., M.B., L.R.C.S.Ed., has been reappointed Medical Officer and Public Vaccinator for the Morland District of the West Ward Union, Westmoreland.

LUCE, J. J., M.D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Welford District, and Medical Officer to the Workhouse of the Stratford-on-Avon Union, vice Barlow, resigned.

LUPTON, H., L.R.C.P.L., M.R.C.S.E., has been elected an Honorary Surgeon to the Stratford-on-Avon Infirmary, vice Dowson, resigned.

M'BRIDE, C., M.D., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Wigtown, vice Cumming, deceased.

PERIGAL, A., M.D., C.M., M.R.C.S.E., has been appointed Medical Officer for the Wheatley District of the Headington Union, Oxfordshire, vice Stovin, resigned.

POWELL, E., M.R.C.S.E., has been appointed second Assistant Medical Officer at the Essex Lunatic Asylum, Brentwood, vice Shone, resigned.

PURCELL, R., L.A.H.Dub., has been appointed Apothecary to the Workhouse and the Croom Dispensary of the Croom Union, Co. Limerick, vice Nunan, resigned.

ROBERTSON, J. D., M.D., L.R.C.S.Ed., has been reappointed Medical Officer for the Eamont-bridge District of the West Ward Union, Westmoreland.

SHEFFIELD, R. L., F.R.C.S.Ed., M.R.C.S.E., has been appointed Assistant-Surgeon to the Orthopædic Hospital, Hatton-garden, vice Stevens, resigned.

TAYLERSON, J., L.R.C.P.Ed., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Whitby Urban Sanitary District: £20 per annum; acreage 2008; population 12,135.

THOMPSON, H. G., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Resident Medical Officer at the Western Dispensary, Broadway, Westminster.

WADDY, H. E., L.R.C.P.L., M.R.C.S.E., has been appointed a Surgeon to the Gloucester Infirmary, vice Wilton, resigned, and appointed a Consulting Surgeon.

WALSHE, D., L.K.Q.C.P.I., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed a Medical Officer to the Poplar and Stepney Sick Asylum, Bromley, vice Webster, appointed Resident Medical Officer to the Woolwich Union Workhouse and Infirmary.

Births, Marriages, and Deaths.

BIRTHS.

COPLAND.—On the 16th inst., at Ladbroke-grove, Notting-hill, the wife of James C. Copland, M.R.C.S.E., of a daughter.

HULKE.—On the 16th inst., at Admiralty House, Deal, the wife of F. T. Hulke, M.B., of a daughter.

M'CLURE.—On the 10th inst., at Worle, near Weston-super-Mare, the wife of Thos. M'Clure, L.R.C.P.Ed., F.R.C.S.I., of a son.

PERIGAL.—On the 12th inst., at Wheatley, Oxfordshire, the wife of Arthur Perigal, M.D., of a son.

PRICE.—On the 12th inst., at Kettering, the wife of J. Lowe Price, M.R.C.S.E., of a daughter.

SOMMERVILLE.—On the 18th ult., at Beawr, Rajpootana, India, the wife of James Sommerville, L.R.C.P.Ed., L.F.P. & S. Glas., Medical Missionary, of a daughter.

TURNER.—On the 4th inst., at St. Clement's, Norwich, the wife of Horace Turner, M.R.C.S.E., of a daughter.

MARRIAGES.

BUTTON—TEBBITT.—On the 9th inst., at St. John's Church, Enderby, Leicestershire, Horace Gooch Button, M.R.C.S.E., L.S.A.L. (eldest son of Horace H. Button, of Grange-road, Bermondsey), to Blanche Mary, second daughter of the late Richard William Tebbitt, Esq., of Belmont Villas, Leicester.

CHETWOOD—CARR.—On the 6th inst., at Waltham Abbey, Wm. Chetwood, L.R.C.P.Ed., to Annie, daughter of James Carr, Esq.

SCATLIFF—HARRIS.—On the 14th inst., at St. Saviour's Church, Haverstock-hill, J. M. Elborough Scatliff, M.B., C.M., M.R.C.S.E., of Brighton, to Edith, only daughter of the late James Harris, Esq., of London.

DEATHS.

BRACEY.—On the 13th inst., Chas. Bracey, M.R.C.S.E., of Bristol-street, Birmingham, aged 66.

DAWSON.—On the 17th inst., James Dawson, F.R.C.S.E., M.R.C.S.E., of Wray Castle, Ambleside, aged 96.

DUDLEY.—On the 9th inst., at Yardley-Hastings, Northampton, Edward Dudley, M.R.C.S.E., aged 40.

HEALEY.—On the 9th inst., Edward Healey, M.R.C.S.E., of Lister-street, Hull, aged 59.

LIVINGSTONE.—On the 1st inst., at St. John, New Brunswick, William Livingstone, M.D., of Kilsyth, Stirlingshire, Scotland, aged 71.

PICKFORD.—On the 18th inst., J. H. Pickford, M.D., of Cavendish-place, Brighton, aged 73.

REYNOLDS.—On the 12th inst., H. W. Reynolds, M.R.C.S.E., of Thame, aged 72.

SARELL.—At Rue Serkis, Pera, Constantinople, Anna Maria, the beloved wife of Dr. Richard Sarell, of Constantinople, aged 41.

SCOTT.—On the 6th inst., Robt. Thos. Chas. Scott, L.R.C.S.Ed., Deputy Inspector-General of Hospitals and Fleets, of Melby, Shetland, aged 63.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

BOOKS ETC. RECEIVED.

Drs. Wilks and Moxon: Lectures on Pathological Anatomy.
Messrs. Jones and Sieveking: Manual of Pathological Anatomy. Edited by Mr. Payne.
Dr. Dobell: On Winter Cough.
Dr. Matthews Duncan: Mechanism of Natural and Morbid Parturition.
Mr. Bancroft: The Native Races of the Pacific States of North America.
Dr. Galezowski: Traité des Maladies des Yeux.
M. Bernard: Leçons sur les Anæsthésiques et sur l'Asphyxie.
Dr. Billet: Contributions à l'étude des Névroses extraordinaires.
Dr. Faget: De la Fièvre Jaune.
Mr. Purdon: Cutaneous Medicine.
Dr. Scoresby-Jackson: Note-book of Materia Medica.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, JAN. 21ST, 1875.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radiation in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 9 A.M.
Jan. 15	29·94	S.	47	48	...	53	47	0·03	Cloudy
„ 16	29·60	S.W.	47	47	...	52	47	0·05	Raining
„ 17	29·71	W.	46	49	...	52	46	0·07	Overcast
„ 18	29·77	W.	51	52	...	54	47	0·22	Raining
„ 19	29·80	W.	48	50	...	24	48	0·07	Cloudy
„ 20	29·71	W.	47	50	...	52	49	0·12	Cloudy
„ 21	29·42	WNW	41	43	...	...	42	0·05	Overcast

Notes, Short Comments, and Answers to Correspondents.

MISS JOHANNA CHANDLER.

THE death of Miss Johanna Chandler, one of the founders of the National Hospital for the Paralysed and Epileptic, is recorded as having occurred on the 12th inst. She was one of those rare women who in these days do work unrecognised for which women in the middle ages were canonised. The history of the foundation of the charity with which her name will be permanently connected is remarkable. Twenty years ago Miss Chandler, a younger sister, and a brother made an examination of the charitable means which were available for the relief of the paralysed and epileptic among the poorer classes. Their attention had been directed to this subject in consequence of painful experience of both paralysis and epilepsy in their own family. They found that practically no provision existed among the great metropolitan charities, hospital or other, for the relief of the sick from these forms of disease, and that, in fact, both paralysis and epilepsy were, as a rule, excluded from hospital treatment. They determined, therefore, to devote their lives to the establishment of a hospital for the reception and treatment of paralysis and epilepsy. After arduous efforts, during which the younger sister died, they secured sufficient support for their undertaking to justify them in taking a house in Queen-square, Bloomsbury, and adapting it for hospital purposes. Here they fitted up some twenty-four beds, and opened an out-patients' department, Dr. Brown-Séquard and Dr. Ramskill being appointed physicians. The plan met with the warm approval of the professin, and the whole history of the new institution, both generally and medically, can be looked upon with unmitigated satisfaction. The wards were opened for patients early in 1860, and in the fifteen years which have since elapsed the hospital has been progressively prosperous. It now numbers 100 beds, of which 70 are in the hospital in Queen-square, and 30 in a country branch at Finchley. It has an extensive out-patients' department, to which patients come from all parts of the kingdom. We have more than once had to describe the admirable arrangements of the hospital for its special purpose. We would refer now to the provision which it also makes for the relief of incurable cases in the form of 52 pensions of annual values ranging from £10 to £22 10s. Miss Chandler lived to see the work to which she had devoted twenty years' unremitting labour securely placed among the great charities of London, and her brother still lives to carry on the labours he had shared with her to the same good end.

Dr. Bell Taylor's (Nottingham) paper shall be published.

MEDICAL MEN AND THE REGISTRATION OF BIRTHS.

To the Editor of THE LANCET.

SIR,—My attention has just been called to a paragraph with the above heading in a recent number of THE LANCET, which corrects a statement made by me in page 6 of the Introduction to the Medical Directory. My assertion therein is that "it is now the duty of a medical man who has been *present at the birth* of a child, in default of the father and mother, to give notice of the birth to the registrar within 42 days." You say that the above mentioned responsibility does not devolve upon the medical man (regarded in the light of a person "present at the birth") until not only the parents, but also the occupiers of the house in which the child was born have made default. With due submission, I maintain that my statement is correct. The wording of the Act (37 & 38 Vict., c. 88, s. 1) is as follows:—"It shall be the duty of the father and mother of the child, and in default of the father and mother, of the occupier of the house in which to his knowledge the child is born, *and* (not 'and in default of the occupier') of each person present at the birth, *and* of the person having charge of the child, to give to the registrar," &c. As I read it, therefore, the responsibility in question is cast in the first instance upon the father and mother, and then, in default, equally upon a variety of persons, including medical men, regarded as "persons present at the birth." The wording of sect. 2 of the Act bears out my opinion, as the qualified informants are therein referred to in two classes—1st, "the parents"; 2nd, "the other persons required to give information."

Faithfully yours,

Plowden-buildings, Temple, Jan. 16th, 1875. R. G. GLENN.

A Surgeon.—The books named are very good, but the editions are old. Our correspondent will find ample particulars of later editions and new works by authoritative authors in the Students' Number of THE LANCET of Sept. 12th, 1874.

CALLOUS ULCERS: A NEW METHOD OF CURE.

THE practice of freeing by incisions such parts as impede union through dragging has been established for some time. Operations upon the soft palate and most autoplastic measures benefit largely by those liberating incisions. The principle is sound, and leads to various applications. Among the latter may be mentioned the mode of favouring the healing of callous ulcers by diminishing the tension of the hard edges of such ulcers. Now we find this method simultaneously adopted in Paris and Munich by M. Dolbeau and Prof. Nussbaum respectively, neither of these surgeons making the least mention of the work of the other. The former operator, however, does attempt a historical reference, and mentions Mr. Gay, who published a paper on this subject in this journal (1853, vol. i., p. 586). It appears that Mr. Gay then advocated incisions on one side of the ulcer, and succeeded admirably. He also speaks of a case in which he excised the ulcer, made incisions on both sides of the new solution of continuity, and brought the edge of one side of the new ulcer in contact with the inner edge of the wound made by the incision, keeping these in contact by means of twisted sutures. The results of both lines of practice were very favourable. These facts and many others are lucidly brought forward by Mr. Gay, the paper having been read at a meeting of the Medical Society of London. The author especially alluded to the principles laid down by John Hunter, which had guided him in adopting this line of practice. Now, M. Dolbeau (*La France Médicale*, Oct. 14th, 1874) states, as we mentioned above, that he was led to use circumcision around callous ulcers by the description of Mr. Gay's practice; but he does not allude to Prof. Nussbaum. An account of the cases wherein the latter has practised circumcision round callous ulcers will be found in *Wiener Med. Presse* (1873, Nos. 18, 21, 22, and 23), with an essay on the treatment of ulcers. A short reference to Nussbaum's labours is also made in *Jahresbericht* of Virchow and Hirsch, vol. ii., part ii., p. 340.

Deputy Inspector-General Pottinger is thanked for his courtesy.

NEUROSIS v. HYSTERIA.

To the Editor of THE LANCET.

SIR,—I must ask you to grant me space for a few words of final reply and explanation. What I intended to convey was—

1. That if the term hysteria was, as Mr. Hovell and Dr. Down maintain, absurdly inapplicable to the male sex, this inapplicability had not occurred to Briquet, Wilks, Russell Reynolds, and many other acute observers who have so used the word.

2. That the objections to any further use of the term as applied to either sex were based upon its etymological value, and were consequently insufficient; since many other words, to which I should suppose no one would think of objecting, are current in a sense quite different from that which they originally bore. Of such words I furnished a few examples in my last letter, and many more might be added. For instance, no chemist would refuse to employ the word oxygen, because its original meaning was "a former of acids"; and certainly no anatomist would abolish the word artery, because these vessels contain blood and not air. I must maintain that words such as these (and hysteria is one of them) can only be misleading to those who are determined to be misled; and, further, that the continued use of such misnomers is even desirable on historical grounds, as the state of knowledge at the time of their formation is preserved in their etymology, while their modern sense marks the progress which has since been made.

The word neurosis, by which Mr. Hovell proposes to replace hysteria, would, I think, afford an example of progress backwards, from the definite to the less definite. Neurosis is the name given to the whole group of functional nervous disorders, of which hysteria is one member. Hypochondriasis (another word whose meaning has changed), catalepsy, &c., are all neuroses, and to use the name of the group for one member only of that group would undoubtedly mislead and introduce confusion. A parallel case would be the restriction of the word fever to one kind of fever only, or of the word money to only one of the various sorts of coins, notes, &c., which it includes.

Dr. Down's term, "emotional lesion," though good as far as it goes, seems to me hardly to cover ground enough. It is not the emotions only that are affected in hysteria, but the will and the senses also, perhaps even the intellect in rare cases. For the above reasons I still think that the majority of the members of our profession will agree with me in continuing to prefer the old name.

I am, Sir, yours truly,

Arlington-street, Jan. 18th, 1875. JOHN CAVAFY.

To the Editor of THE LANCET.

SIR,—The discussion raised by Mr. Hovell upon this subject is interesting, and will probably prove advantageous in its results. I wish, however, to call attention to the following passage in Mr. Hovell's letter of the 16th inst.: "Thus if a young woman should have been disappointed in love, and consequently fall in health, she might be said to suffer from neurosis from moral, *not mental*, shock." Can there really be more than two kinds of shock—mental and physical? Mr. Hovell has, I think, allowed himself to be betrayed into some confusion of terms when he speaks of moral shock as being distinct from mental. The mind is constituted of two sets of faculties wholly distinct in their nature—moral and intellectual. Hence the fact—well known to medical men and psychologists, but unfortunately not so well recognised by purists and the public—that a man may be unquestionably insane as regards his moral faculties, whilst the intellectual faculties remain apparently sound. Notwithstanding this intellectual soundness, the disease is no less certainly mental. Surely also Mr. Hovell's "moral shock" can be no other than mental! Your obedient servant,

Sunbury, Jan. 18th, 1875. JOSEPH SEATON.

UNQUALIFIED ASSISTANTS AND BRANCH PRACTICES.

WITH reference to the communication under this heading in our impression of the 9th inst., we have received a letter from Mr. Eagle, which is much too long for insertion, but from which we gather that he alleges the circumstances are such as to leave the writer of the former letter very little ground of complaint.

UNION BY FIRST INTENTION.

M. VIBERT has published some cases in the *Lyon Médical* (Dec. 20th, 1874), which illustrate his mode of dressing wounds. It is founded upon the fact that, in a given large solution of continuity, it is important to bring the whole thickness of the exposed parts into contact, and that this perfect apposition brings about speedy union. M. Vibert quotes principally cases of removal of breasts, in which he has met with great success. In one of these he proceeded in the following manner:—Whilst the breast was being removed, every artery was secured by a bull-dog clamp; and to close the wound the surgeon used eight metallic sutures, not passed as usual through the margins of the wound, but under the floor of the latter. A strong curved packing-needle, five inches long, is thrust perpendicularly to the level of the skin, about two-thirds of an inch from one margin, and carried under the floor of the wound to the opposite side, and made to emerge two-thirds of an inch from the other margin. The eight metallic sutures thus placed, the ends are carefully brought together, every bull-dog clamp being gradually removed, as the perfect apposition exercises sufficient pressure to guard against hæmorrhage. The rest of the dressing is carried on in the usual way. In the case alluded to the patient got up on the fifth day; very little pus oozed from the holes made by the sutures towards the middle of the line of section; all the sutures were removed on the ninth day, and the wound was quite healed on the twelfth. This certainly looks very encouraging, and the method is worth a trial wherever, without much effort, the sutures can be passed under the floor of the wound. Bagging is thus avoided. In certain amputations of limbs, too, it is desirable to bring the whole of the fleshy parts in close apposition. Bull-dog clamps may very probably be dispensed with, now that arteries are almost constantly twisted.

Staff Surgeon Boileau's communication shall be published next week.

A MICROCEPHALIC IDIOT.

To the Editor of THE LANCET.

SIR,—I am induced to send notes of the following case, thinking they may be of interest to some of your readers, not because cases of microcephalism are of rare occurrence, but on account of the peculiarity that the child in question was one of a family of three microcephalic idiots, who have survived infancy, who have been born of parents, healthy, of average mental capacity, and who are not known to be in any way of depraved habits. The eldest of these three children is a girl, aged ten years, and is now resident in this asylum. She has the same formation of head as that of the second, a boy, aged five years, who died here six months ago. The youngest, with a similar head, is, I believe, about three years of age, but he has not yet been brought to the asylum. The theory of this microcephalic fecundity on the part of the mother is, that when she was pregnant of her first child she had the head of a codfish thrown at her, and that the "impression" produced by this caused arrest of development, and the consequent fish-like child's head, this "impression" remaining on each subsequent period of gestation. The production of similar monstrosities continued to a second and third. On admission, the patient more particularly under notice—viz., the boy or second child—was found to be thin, delicate, and feeble, with little or no comprehension or cognisance of what was passing around him. While resident in the asylum a certain amount of intelligence developed itself. He became lively and cheerful, was able to distinguish different individuals, to some of whom (especially his attendant) he showed much attachment; and on the approach of a stranger he would often manifest great fear, but when restored to the attendant's arms perfect confidence returned, and all fear vanished. He never was able to stand erect, move one limb past the other for progression, feed, or assist himself in any way. Eighteen months ago a severe attack of mesenteric disease was recovered from; but twelve months subsequently tubercular lung inflammation proved fatal to him.

At a post-mortem examination made on the second day after death the following conditions were found:—Weight of the body, which was fairly nourished, 19½ pounds; height, 3 ft.; width between acromion processes, 8½ in.; width round chest, 19½ in.; width round pelvis, 15½ in. Measurements of head: longitudinal diameter, 3 in.; transverse diameter, 5½ in.; occipito-mental, 6¼ in.; cervico-bregmatic, 8 in.; fronto-mental, 3½ in.; circumference of head at widest part, 11¼ in. The skull was a quarter of an inch thick at the occipital protuberance, very thin in the temporal region. The general surface showed thickness in some parts, thinness and transparency in others. On removing the skull-cap, about two drachms of bloody serum escaped; the vessels of the pia mater were congested. The weight of the whole cerebral matter, which was removed low down, was 6 oz. 1 dr.; weight of cerebrum proper, 4 oz. 5½ dr.; weight of cerebellum, 2½ dr.; weight of pons Varolii, 2½ dr. The brain-substance was of fair consistence, and generally healthy, but congested.

The remarkable resemblance of these children to the Aztecs, who were exhibited in this country several years ago, was noticed by many who had seen both. There were the rectangular outline of face and head and other peculiarities common to each, which, from the statements I have heard, leave little doubt on my mind that these American children were abnormalities of a similar kind to those described, and were not types of a race.

I am, Sir, your obedient servant,

JAMES ADAMS, M.D.,
Medical Superintendent.

Metropolitan District Asylum, Caterham, Surrey.

PRIX GODARD.

AMONG the prizes lately awarded by the Academy of Sciences of Paris, we perceive that Prof. Pettigrew obtained the above (£40) for his works on the "Muscular System of the Bladder and Prostate." Strange to say, the grand prize of Medicine and Surgery has again been postponed, the Committee considering that they are not justified in awarding it. The subject is, "The Application of Electricity to Therapeutics." It was first proposed in 1866, postponed to 1869, then to 1872, and now fixed for 1876.

Public Vaccinator is correct in his conclusion.

NEW YORK.

A LAY contemporary publishes some vital statistics of New York for the past year, from which we find that the deaths for 1874 were 28,597, in a population of 1,040,000 people, or 27·50 per 1000. The most fatal disease was consumption, which carried off 4008 victims. Dysentery comes next with 3591; pneumonia, 2386; diphtheria, 1672; and bronchitis, 1039. There were 56 homicides and 174 suicides; while no less than 906 people were killed by accident. Small-pox killed 466 persons, while Bright's disease had 814 victims. The registered births were 25,063; but, as the registration is still very imperfectly carried out, the actual number of births is estimated at 35,000. The registered marriages were 8397. 105 persons were burned to death, 92 were killed by being run over, 21 were poisoned, 8 shot, 171 were drowned, and 8 died from hydrophobia.

Corporal Downey should state his case to the regimental surgeon.

DANGERS OF COMMUNICATION BETWEEN DWELLING-ROOMS AND DRAINS.

To the Editor of THE LANCET.

SIR,—As an additional warning to those so frequently seen in your pages against unbroken communication between the sink-pipes, overflow-pipes, &c., of houses and the drains outside, I venture to send you the following statement, to which, if you think it likely to be of any use, you may perhaps give a corner in your correspondence columns.

I have lately had two cases of typhoid fever in the persons of two youths (brothers), aged respectively eighteen and sixteen and a half years. The elder was first seen by me on Nov. 10th, 1874; and though his case was singularly uncomplicated, except from the presence of aphthous sore-throat, first observed in the third week of the disease, yet he had a very narrow escape with his life from sheer debility, and it was not till Christmas week that his temperature began really to fall and the fever to abate; and though now doing well and free from disease, he has never been able to sit up longer than two hours in a day. His temperature varied from 102·6° to 103·8° for the most part, but was on two or three occasions as high as 104·8°.

In the third week of December his younger brother, a very tall, rather weakly lad, became ill. He had suffered from childhood from frequent attacks of spasmodic dyspnœa, and was extremely sensitive and excitable. His excitability showed itself during the whole course of his illness, becoming more marked as he got weaker, so much so that on the entrance of anyone, however gently, into his bedroom he would frequently throw himself into a sitting posture, with great marks of agitation. At the end of the third week of the fever he had hypostatic congestion of the lungs, under which he rapidly sank. His temperature had been seldom above 103° up to three days before his death, when it was rather over 104°, and on the morning of his death it was 106·5°.

Now, in the course of the illness of these two youths the cause of the disease was found. There was, standing out of the way in a corner of the room, a small washhand-basin, which communicated directly with the drain by its discharge-pipe (occasionally left open), and by the overflow-pipe (always open), through which a strong current of foul air was being constantly sucked from the drain into the warm bedroom. I must add that the house stands in its own grounds, and that, so far as is known, there is no communication between the public drains and its drain, but that it ends after a course of fifty or sixty yards in a sump hole in the field. The bedroom, quite a small one, containing the washhand-basin above mentioned, had been the usual sleeping apartment of these youths, and their habit was, I am told, to sleep in it with the door and window closed, while the fireplace was partially blocked up by a fire-paper, &c. If this state of matters does not precisely account for the first invasion of typhoid, I think, Sir, it gives only too good a reason for the extreme debility and want of recuperative power experienced by these two young men, who had not previously injured their constitutions in any way, at least to the knowledge of, Sir,

Your obedient servant,

January 14th, 1875. IDIOTOS.

EARTH TO EARTH.

THE following quotation from Chaucer's "Canterbury Tales" may prove of interest to some of our readers, now that Mr. Haden's proposal, to commit the body directly to the earth instead of employing the present barbarous mode of "Christian burial," is the subject of so much interesting discussion. An old man, weary of life, expresses with exquisite pathos his desire to return to mother earth, and, in order that there be no impediment, he is ready to change the coffin which he has long kept in his chamber for a simple wrapping of hair-cloth:—

"And Deth, allas! ne wil not have my lif.
Thus walk I lik a restelees caytif,
And on the ground, which is my modres gate,
I knokke with my staf, early and late,
And saye, 'Leeve, moder, let me in.
Lo how I wane, fleisch, and blood, and skyn.'
Allas! whan schuln my bones ben at rest?
Moder, with you will I chaunge my chest,
That in my chamber longe time hath be,
Ye, for an haire clout to wrap in me."

The Pardoneres Tale.

Vaccinia.—1. It has proved beneficial in modifying the nature of the attack, even after the eruption has commenced to appear.—2. EVERY seven years. 3. It would be advisable to repeat the operation.

C. M. J.—DR. WEST's book.

PRECAUTIONS AGAINST CARRYING PUERPERAL FEVER.

To the Editor of THE LANCET.

SIR,—Would you or any of your readers inform me what means they usually adopt to stop the spread of puerperal fever, and how long one should be before he is safe to attend cases. I have used disinfectants of all kinds for washing purposes, &c., changing my clothes, and all of no use. An answer will oblige,

Yours truly,

January, 1875. OBSTETRICUS.

*** We would refer our correspondent to some remarks on the subject at page 131 of our present number.—ED. L.

LIFE ASSURANCE IN AUSTRIA.

In a late number of the *Allg. W. Med. Week.* (Dec. 29th, 1874), we find that the Medical Association of Vienna have settled the scale of remuneration for attendance, and it would appear that the honorarium has been fixed with due regard to the claims of the professeon and the public. We were, however, struck by two paragraphs. One, that in a consultation the usual attendant demands the same fee as the consulting physician; and another, that the Association agree not to have anything to do with the questions put by Insurance Companies respecting the health of patients.

Mr. J. W. Smart, (Ipswich.)—We know of no such work suitable for general readers.

THE BRITISH MEDICAL BENEVOLENT FUND.

To the Editor of THE LANCET.

SIR,—We are requested to acquaint you that at the annual meeting of the British Medical Benevolent Fund on the 14th inst., Sir George Burrows, Bart., M.D., President, in the chair, a vote of special thanks was passed to the medical journals for their kind and valuable advocacy of the cause of the Fund during the past year, and, amongst these, especially to the Editor of "THE LANCET," to whom the good cause is already so much indebted.

In fulfilling so agreeable a duty, permit us to take the opportunity of adding our own very best wishes, and to remain, dear Sir,

Very faithfully yours,

For self and GEOFFERY HETT, M.D., Hon. Sec.
CHAS. S. WEBBER, F.R.C.S., Hon. Financial Sec.

Upper Berkeley-street West, Hyde-park, Jan. 20th, 1875.

M.D.—No residence is expected for the degree of officier de santé. Proof of attendance on courses of lectures in any of the three kingdoms, of the same value as those required for the degree above named, is to be furnished, and an examination is forthwith granted. The ordeal is the same for the degree of M.D. in Paris or Montpellier; but the British preliminary examination must be equal to the French diploma of Bachelor of Letters. Five successive examinations are to be passed, and a thesis must be defended. As to any other source of comprehensive information, we advise our correspondent to write direct to the Secrétaire de la Faculté de Médecine de Paris, à la Faculté. Every requisite detail will then be given by the gentleman in question.

C. M. M.—Perhaps it is better not to charge for services in such cases.

EFFECTS OF FRIGHT SIMULATING HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—The following case I feel sure will be of interest to some of your readers, if you will kindly insert it in your periodical.

Early on the morning of the 25th of November, 1874, I was called to see a young girl, aged sixteen years, who had been out in a situation as servant-maid, and who, it was feared, was commencing with hydrophobia, as her mistress had sent her home in the night, on account (as the messenger said) of her "barking like a dog, and raving about a dog being on her bed." I accordingly went to see her, and found her in bed, in a high state of fever, and in an extremely excited condition, her eyes staring and wild, and her expression anxious. On her left ala nasi was a scar partly healed, in which she complained of a smarting pain. I talked to her, and she answered me in a terrified manner, and assured me that she had seen a dog on her bed several times during the night. I then asked her to have some water, which she drank very well, although nearly too frightened to try. On questioning her mother about her, I learned that two years previously she had been bitten by a dog on the left ala nasi, which caused a wound, which healed up quickly, but which had broken out regularly since then about once in two months. I sent a narcotic medicine, and saw her again in the evening, when I found her in the same state, but more excited. On the following morning I saw her again, and found her very much more excited and terrified at the sight of water, which produced a convulsive movement of the body when brought to her; her lips were also covered with thick saliva. This sort of thing continued for three days, when, from what I could gather from the neighbours, I began to suspect that it was nothing but a case of fright; so I commenced at once to try to convince her that she was suffering from nothing but fright and extreme nervous excitement, and the result was that she began to improve, and in a week was quite well and strong again. The strong narcotic medicines I gave her had not the least effect on her.

I am, Sir, yours truly,

Sheffield, January, 1875. H. J. HARDWICKE, L.R.C.P., &c.

Tyro.—1. Dr. Parkes's or Dr. Wilson's book on Hygiene.—2. Chapman and Wanklyn's book.

United States.—We have never heard of the existence of such a rank in the army medical service.

THE DAVEY DEFENCE FUND.

FURTHER contributions received on behalf of the above Fund:—

Amount already announced £220 5 6

Wm. Holt, Esq.	...	£1	1	0	J. S. Hosford, Esq. ...	...	£1	1	0
Dr. P. H. Harper ...	...	2	2	0	T. E. Bowkett, Esq. ...	...	1	1	0
G. Haycock, Esq. ...	...	0	10	6	Dr. Wharton P. Hood	...	1	1	0
Peter Gowland, Esq.	...	5	5	0	J. Loane, Esq. ...	...	1	1	0
Dr. Batteson	...	2	2	0	Dr. Turtle	...	1	1	0
Dr. Hughlings Jackson	...	3	3	0	Dr. B. Duke... ...	...	1	1	0
Dr. S. G. Griffiths ...	...	0	5	0	John Chambers, Esq.	...	1	1	0
J. T. Jackson, Esq. ...	...	2	2	0	Dr. G. Abbott	...	0	10	6
Dr. Barchell	...	1	1	0	— Snell, Esq.	...	0	10	0
Dr. T. Burnie	...	0	10	6	Dr. D.	...	0	5	0
Dr. King	...	2	2	0	Dr. H. Buss...	...	0	10	0
Dr. G. N. Ord	...	1	1	0	Dr. H. Letheby	...	5	5	0
Dr. P. Maysmiss... ...	...	1	1	0	Sidney Jones, Esq. ...	...	1	1	0
Dr. Frederic Orton ...	...	1	1	0					

A slight error was made in last week's list. For H. J. Burdett, Esq., read H. J. Barrett, Esq.

THE RIGHT OF SELLING COD-LIVER OIL.

A LONG lawsuit has been pending in France, the issue to be tried being whether cod-liver oil should be looked upon as an article of food and sold by anyone; or whether it is a medicine, the sale of which exclusively belongs to pharmaciens. The Court have just decided that cod-liver oil is a medicine, and that it should be bought of pharmaciens only.

"OUTBREAK OF PUERPERAL DISEASE AT WANDSWORTH."—DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—With reference to the annotation under the above heading in your journal of the 16th inst., I beg to state that the midwife to whom allusion is therein made has ceased to practise, and has promised not to resume the same without my assent, which I need hardly observe will not be hastily given. The matter had been previously brought by me under the cognisance of the local committee of the sanitary authority of the district.

Permit me to advert to another subject. On reading Dr. George Johnson's admirable paper on Diphtheria in your late issues, in which he advocates local disinfectants in the treatment of that disease, I was surprised to observe that while he recommends the use of chlorine, permanganate of potash, sulphurous acid, and more especially perchloride of iron, no mention is made of carbolic acid—an agent tried by me some years ago in despair at the almost invariably fatal termination of cases treated by the agents recommended by Dr. Johnson. Since that time, by using carbolic acid, given in the form of a mixture of acid. carbolic. opt. (Calvert's), one minim to five of water, with a drachm or two of syrup of orange and water, thus getting rid of gargles and the painful operation of swabbing the throat, the act of deglutition bringing the medicament into contact with the fauces and other parts affected. I have lost but one patient out of some thirty or forty, in which case the air-passages were affected from the first. It is well to state that in all these cases the characteristic exudation was visible, and they were not cases of ordinary cynanche.

Yours obediently,

W. H. KEMPSTER,

Jan. 18th, 1875. Medical Officer of Health for Eastern Battersea.

NOTIFICATION OF DEATHS FROM CONTAGIOUS DISEASE.

To the Editor of THE LANCET.

SIR,—As it is possible that a similar hitch has arisen at the several district Board of Works of the metropolis as that to which I have repeatedly called attention at the meetings of the Strand Board of Works during the many years I have been a member—viz., the great delay which has always taken place ere the medical officer of health has become acquainted with the occurrence of any death arising from preventable causes, I beg to forward you a copy of a resolution which I carried unanimously at the meeting of the Board on the 16th ult., together with the form of return which the medical officer of health has since prepared for the convenience of the district registrars.

"That it being desirable that in the case of those persons dying from contagious diseases immediate information of such deaths should be furnished to this Board, the medical officer of health be empowered to make special arrangements with the district registrars that they shall, in consideration of an extra payment, give to him immediate notice thereof."

I am, Sir, your obedient servant,

Dean-street, Jan. 13th, 1875. JOS. ROGERS.

GENERAL AND SPECIAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Mr. Terry, as a public vaccinator, no doubt wishes things to remain as they are; but I and most other general practitioners must protest against this modern system of setting up a special officer for every special service. I was educated and dubbed capable of doing all the duties of my profession. Now that I am in the profession I am not to vaccinate, I am not to report nuisances, I am not to give an opinion on adulterated articles or noxious trades, because, forsooth, a specialist has the monopoly. Soon I may not accouche, nor perhaps attend a fever or cure a corn. To show that I and others are still capable, I do vaccinate; I do tell the nuisance inspectors where to find nuisances, fevers, &c., which they cannot find themselves; I do analyse at the order of the coroner, and for private fees, &c. If I can do all this in a private capacity, why not acknowledge me in a public capacity, not necessarily independently, but under a department, superintended if you will; but do not put the country to the expense of finding fresh officers for everything, when it has got the technically educated ready to hand. It is something like training the sailors, and when the ship puts to sea to man it with land-lubbers.

Yours faithfully,

January 8th, 1875. P. LESLIE, M.D.

"SCARLATINA BY POST."

To the Editor of THE LANCET.

SIR,—One line to ask our friends, your correspondents on the above subject, if they totally ignore the fact of incubation in exanthemata generally? or why should the unfortunate child in Mr. Knight's case fall ill with scarlet fever *the day after its mother received the letter?* And do they not every day meet with cases where no clue whatever can be got at of the advent of the disease, *except* that it be endemic or epidemic? No wonder that patient [illegible] fastidious in the belief that medical men can convey infection from one house to another! Probably you, Sir, can remember that in the last small-pox epidemic a man died of small-pox said to have been caught by his looking through the Hampstead Hospital gates a day or two before!

In conclusion, I would warn our able *confrères* against the promulgation of such vague and dangerous theories; at any rate let us have the most unequivocal proofs thereon first.

Yours &c.,

East Budham, Jan. 18th, 1875. FRED. MANBY.

INCONTINENCE OF URINE.

To the Editor of THE LANCET.

SIR,—A patient, aged nineteen, has suffered with incontinence of urine at night ever since he can remember. Nux vomica, cantharides, and other remedies recommended in this disease have been tried without effect. Can any of your numerous readers recommend any treatment likely to be successful in this case?

I am, Sir, yours &c.,

London, Jan. 14th, 1875. B.

Dr. H. E. Sargent.—Reynolds's System of Medicine, or Tanner's Practice of Medicine. In Midwifery: Sir James Simpson's works, Dr. Barnes's, or Dr. Churchill's.

Junius.—Under the circumstances A. B. is certainly entitled to the fee.

ARSENIC IN RIVERS.

MR. STEPHEN H. SYMONDS writes to *The Times* as follows:—

"As one among, perhaps, the largest manufacturers of arsenic in the kingdom, I can quite confirm the necessity, on which Dr. Frankland insists, for State supervision. Speaking for myself, as well as for the West of England Chemical Company, whose works are under my direction, we shall cheerfully welcome such supervision; and seeing that the chemical treatment of arsenical pyrites is so remunerative a business, and partakes so much of the nature of a monopoly, there is no doubt that the Devon Great Consols, the New Great Consols, and the two or three other establishments engaged in the trade would willingly join in the adoption of any preventive measures that might be recommended by a Government officer. Dr. Le Neve Foster, the Government Inspector of Metalliferous Mines for Devon and Cornwall, might fairly be asked to undertake the supervision of the manufacture of arsenic in this country, as, with the exception of a trifling quantity produced in South Wales, the industry in question is confined to Cornwall. The rapidity with which the use of arsenic in the arts is extending certainly lends additional importance to the question of early legislation on the subject."

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Marshall, London; Prof. Spence, Edinburgh; Dr. Sansom, London; Dr. Barnes, London; Mr. Berkeley Hill, London; Mr. Prescott Hewett, London; Dr. Forbes Winslow, London; Mr. Hutchinson, London; Mr. Hulke, London; Mr. W. H. Bennett; Mr. Storr, London; Mr. Wilson, London; Mr. Poole, London; Mr. Grimwood, Penryn; Dr. Ogilvie Will, Aberdeen; Dr. Richardson; Mr. W. H. Flower; Mr. Harrison, Liverpool; Mr. Moore, Hazelgrove; Mr. Robinson, Rotherham; Mr. Webber, London; Mr. Brown, Guildford; Mrs. Young; Mr. Johnson Smith; Dr. Spencer Cobbold; Mr. Jabez Hogg, London; Mr. Eagle, London; Mr. Taylerson, Whitby; Dr. Gairdner, Glasgow; Dr. Brunton, London; Mr. Kempster, London; Mr. Farrar; Mr. West; Mr. O'Flanagan; Mr. F. Manby; Mr. Lupton, Stratford-on-Avon; Dr. Seaton; Staff Surgeon Boileau; Dr. Greenfield, London; Dr. Leonard Hayne, R.N.; Dr. Finny, Dublin; Dr. B. Foster, Birmingham; Dr. Topham; Dr. Coupland, London; Mr. Reilly, London; Dr. Crichton Browne; Mr. Mayer, London; Dr. R. Chalmers, Glasgow; Mr. Sutton, Reading; Mr. Blackburn, Birmingham; Dr. Bradbury, Cambridge; Mr. Crichton, Mortlake; Mr. J. W. Smart, Ipswich; Dr. Clouston, Edinburgh; Dr. Scott; Mr. Gordon Brown; Mr. Blomfield; Dr. Hall, Exeter; Dr. Dudley; Deputy Inspector-General Pottinger; Mr. Glenn, London; Sir Duncan Gibb, Bart.; Dr. C. Bell Taylor, Nottingham; Mr. Galton, London; Messrs. C. Griffin and Co., London; Mr. Walford, London; Messrs. Horne and Thornthwaite, London; Rev. G. Corcoran, Brixton; Mr. Downey, Portsmouth; Mr. Brash, Exeter; Mr. Greenwood, Liverpool; Messrs. Harvey and Reynolds, Leeds; Dr. O'Connor, London; Mr. Armstrong, South Shields; Mr. Jackson, Leamington; Mr. Earlam, Abbots Bromley; Mr. Blackburn, Birmingham; Mr. Smith, Manchester; Dr. Ritchie, Otley; Mrs. Renwick, Watford; Mr. Terry, Bradford; Mr. Cromer, London; Dr. Hardwicke, Sheffield; Mr. Price, Kettering; Dr. Lucas, Lambeth; Mr. Gentles, Derby; Dr. Dickson, Broughshove; Mr. Toyne, Sheffield; Mr. Percy, Grays; Messrs. Dawson Brothers, Montreal; Mr. Rigby, Chorley; Mr. Cavafy, London; Mr. Walker, Spondon; Dr. Bayes, London; Mr. Jones, Chelmsford; Mr. Hudson, Cranbrook; Royal Institution; M.D.; J. S.; Vaccinia; B.; C. M. M.; Veritas; The Committee of the Charity Voting Association; C. M. J.; M.R.C.S.; &c. &c.

LETTERS, each *with enclosure*, are also acknowledged from — Mr. Holland, St. Leonard's-on-Sea; Mr. Moore, Norwood; Messrs. Oliver and Boyd, Edinburgh; Dr. Tattersall, Clayton-le-Moors; Mr. Fawthrop, Bradford; Mr. Ross, Middleton; Dr. Dick, London; Mr. Jones, New Wandsworth; Dr. Stables, Reading; Mr. Beckett, Ely; Mr. Moore, Skelmersdale; Mr. Wheeler, Manchester; Mr. Wilson, Liverpool; Mr. Lawson, Enfield; Mr. Adams, Ipswich; Mr. Bishop, Highbury; Mr. Fisher, Edinburgh; Dr. Coleman, Armley; Mr. Coombs, Bath; Mr. Deane, Barrow-in-Furness; Mr. Carr, Scarborough; Mr. Whalley, Bradford; Mr. Bayly, Brighton; Dr. Mockett, Wantage; Mr. Skeffington, Tramore; Mr. Lutz, Prestaign; Mr. Pugh, Machynlleth; Mr. Morcam, Coniston; Dr. Rigby, Chorley; Dr. Houseman, Newcastle-upon-Tyne; Mr. Wiglesworth, Hamstreet; Mr. Williams, Kirkwall; Dr. Davies, Bryngolwg; Mr. Piggott, London; Mr. Jones, Pendleton; Mr. M'Caskie, Rotherham; Mr. Webb, Askam-in-Furness; Mr. Murray, Leighton Buzzard; Mr. Martin, Dublin; Mr. Maslen, Swansea; Miss Overton, Coventry; Mr. Wood, Ilkeston; Dr. Oliphant, Leicester; Mr. Garman, Bow; Mr. Stredden, Hounslow; Mr. Corin, Liskeard; Mr. Henry, Clones; Mr. May, Aston; Mrs. Dudley, Yardley-Hastings; Mr. Theobald, Leicester; Mr. Wolfenden, Brighouse; Rev. A. J. D'Orsey, London; Dr. Morris, Carmarthen; Messrs. Cadbury, Birmingham; Mr. Smith, Hereford; Medicus, Chorley; M. S., Preston.

Huddersfield Daily Chronicle, Cork Constitution, Liverpool Daily Courier, Berwick Advertiser, Manchester Guardian, Western Morning News, Surrey Advertiser, East London Observer, Liverpool Daily Post, Newcastle Daily Chronicle, Scarborough Express, Metropolitan, Isle of Man Times, Glasgow Herald, Macclesfield Courier, Woolwich Gazette, Worcestershire Chronicle, High Peak News, and *Temperance Record* have been received.

Medical Diary for the ensuing Week.

Monday, Jan. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Richard Liebreich will show a New Instrument for Operating in Fistula Lachrymalis.—Mr. Braine: "Notes of a Case of Hysterical Anæsthesia."

Tuesday, Jan. 26.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. E. Ray Lankester, "On the Pedigree of the Animal Kingdom."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY. — 8½ P.M. Dr. Theodore Williams, "On the Temperature of Phthisis Pulmonalis, and on the various conditions influencing it."

Wednesday, Jan. 27.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. Dr. Burton Brown, "On the Poisons of Northern India."

Thursday, Jan. 28.

ST. GEORGE'S HOSPITAL.—Operations 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION.—3 P.M. Prof. P. M. Duncan, "On the Grander Phenomena of Physical Geography."

Friday, Jan. 29.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—8 P.M. Weekly Evening Meeting.—9 P.M. Prof. Huxley, "On Recent Work of the *Challenger* Expedition, and its Bearing on Geological Problems."

Saturday, Jan. 30.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Mr. J. T. Wood, "On the Discovery of the Temple of Diana, and other Results of the Government Excavations at Ephesus."

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